

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

DISTRICT OF SOUTH CAROLINA

Case number (if known) Chapter **11**

☐ Check if this an amended filing

**Official Form 201**

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

|   |   |  |
|---|---|--|
| 1. Debtor's name  | Sand Castle South Timeshare Owners Association, Inc.  |  |
| 2. All other names debtor used in the last 8 years<br>Include any assumed names, trade names and <i>doing business as</i> names |   |  |
| 3. Debtor's federal Employer Identification Number (EIN)  | 26-0350452  |  |
| 4. Debtor's address   | Principal place of business<br><br>2207 South Ocean Blvd<br>Myrtle Beach, SC 29577<br>Number, Street, City, State & ZIP Code<br><br>Horry<br>County   | Mailing address, if different from principal place of business<br><br>One Vance Gap Road<br>Asheville, NC 28805<br>P.O. Box, Number, Street, City, State & ZIP Code<br><br>Location of principal assets, if different from principal place of business<br><br>Number, Street, City, State & ZIP Code |
| 5. Debtor's website (URL)   |   |  |
| 6. Type of debtor   | <input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))<br><input type="checkbox"/> Partnership (excluding LLP)<br><input type="checkbox"/> Other. Specify: |  |

Debtor Sand Castle South Timeshare Owners Association, Inc. Case number (if known) \_\_\_\_\_  
Name**7. Describe debtor's business** A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. *Check all that apply*

- ☒ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

7211**8. Under which chapter of the Bankruptcy Code is the debtor filing?***Check one:*

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

|                |            |                   |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

|                |  |
|----------------|--|
| Debtor _____   | Relationship _____                     |
| District _____ | When _____ Case number, if known _____ |

Debtor **Sand Castle South Timeshare Owners Association, Inc.** Case number (if known) \_\_\_\_\_  
 Name

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_

Number, Street, City, State & ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5,001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

**15. Estimated Assets**

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☒ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

**16. Estimated liabilities**

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☒ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Sand Castle South Timeshare Owners Association, Inc.**  
Name Case number (if known)**Request for Relief, Declaration, and Signatures****WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 22, 2019**  
MM / DD / YYYY**X /s/ Herbert H. Patrick, Jr.**  
Signature of authorized representative of debtor  
  
Title **President****Herbert H. Patrick, Jr.**  
Printed name**18. Signature of attorney****X /s/ Julio E. Mendoza, Jr.**  
Signature of attorney for debtorDate **May 22, 2019**  
MM / DD / YYYY**Julio E. Mendoza, Jr. 3365**  
Printed name**Nexsen Pruet, LLC**  
Firm name**1230 Main Street, Suite 700 (29201)  
PO Box 2426  
Columbia, SC 29202**  
Number, Street, City, State & ZIP CodeContact phone **803-540-2026**Email address **rmendoza@nexsenpruet.com****3365 SC**  
Bar number and State

Resolution of Board of Directors  
of  
Sand Castle South Timeshare Owners Association, Inc.

Whereas, it is in the best interest of this corporation to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Herbert H. Patrick, Jr., President** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Herbert H. Patrick, Jr., President** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Herbert H. Patrick, Jr., President** of this Corporation is authorized and directed to employ **Julio E. Mendoza, Jr. 3365**, attorney and the law firm of **Nexsen Pruet, LLC** to represent the corporation in such bankruptcy case.


Date 5/22/19

Signed 

Date 5/22/19

Signed 

Date 5/22/19

Signed 

**United States Bankruptcy Court**  
**District of South Carolina**

In re **Sand Castle South Timeshare Owners Association, Inc.**  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter **11**

**STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION**

I, **Herbert H. Patrick, Jr.**, declare under penalty of perjury that I am the **President** of **Sand Castle South Timeshare Owners Association, Inc.**, and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the \_\_\_ day of \_\_, 20\_\_.

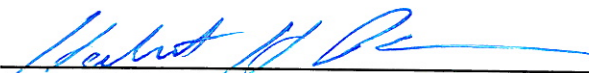
"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Herbert H. Patrick, Jr.**, **President** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Herbert H. Patrick, Jr.**, **President** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Herbert H. Patrick, Jr.**, **President** of this Corporation is authorized and directed to employ **Julio E. Mendoza, Jr. 3365**, attorney and the law firm of **Nexsen Pruet, LLC** to represent the corporation in such bankruptcy case."

Date **5/22/19**

Signed   
**Herbert H. Patrick, Jr.**

**Fill in this information to identify the case:**

Debtor name Sand Castle South Timeshare Owners Association, Inc.

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 22, 2019

**X /s/ Herbert H. Patrick, Jr.**

Signature of individual signing on behalf of debtor

**Herbert H. Patrick, Jr.**

Printed name

**President**

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name **Sand Castle South Timeshare Owners Association, Inc.**  
 United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an  
 amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code  | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|--|--|---|--|--|---|-----------------|
|  |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| Cherokee Motels, Inc.<br>PO Box 1362<br>Myrtle Beach, SC 29578   |  | Note Payment Due  |  |  |   | \$360,000.00    |
| Horry County Treasurer's Office<br>PO Box 1237<br>Conway, SC 29528   |  | Property Taxes Due  |  |  |   | \$42,585.81     |
| Johnson's Furniture Co.<br>3015 Bashor Road<br>Conway, SC 29526  |  | Goods Provided  |  |  |   | \$608.22        |
| Kaba Ilco Inc.<br>PO Box 896502<br>Charlotte, NC 28289   |  |   |  |  |   | \$892.82        |
| Sand Castle South HOA Inc.<br>c/o Alley Management Inc.<br>7400 N. Kings Highway<br>Myrtle Beach, SC 29572 |  | Master Association Dues Owed  |  |  |   | \$130,934.69    |
| Sun Hospitality Resort Services<br>4724 Hwy 17 Bypass South<br>Myrtle Beach, SC 29588                      |  | Services Provided, Housekeeping   |  |  |   | \$56,708.90     |
| TSA Choice<br>108 Asheville Commerce Pkwy<br>Candler, NC 28715   |  | Services Provided   |  |  |   | \$333.47        |



**Fill in this information to identify the case:**

Debtor name **Sand Castle South Timeshare Owners Association, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

|  |                     |
|--|---------------------|
| <b>1a. Real property:</b>                    |                     |
| Copy line 88 from <i>Schedule A/B</i> .....  | \$ <b>0.00</b>      |
| <b>1b. Total personal property:</b>          |                     |
| Copy line 91A from <i>Schedule A/B</i> ..... | \$ <b>61,615.55</b> |
| <b>1c. Total of all property:</b>            |                     |
| Copy line 92 from <i>Schedule A/B</i> .....  | \$ <b>61,615.55</b> |

**Part 2: Summary of Liabilities**

|  |                       |
|--|-----------------------|
| <b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D)                         |                       |
| Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> ..... | \$ <b>0.00</b>        |
| <b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)                               |                       |
| <b>3a. Total claim amounts of priority unsecured claims:</b>   |                       |
| Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....                                      | \$ <b>42,585.81</b>   |
| <b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b>                                     |                       |
| Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....                     | +\$ <b>783,925.24</b> |
| <b>4. Total liabilities</b> .....  |                       |
| Lines 2 + 3a + 3b  | \$ <b>826,511.05</b>  |

**Fill in this information to identify the case:**

Debtor name Sand Castle South Timeshare Owners Association, Inc.

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. **Cash on hand**

**\$300.00**

3. **Checking, savings, money market, or financial brokerage accounts** (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Fifth Third**

**Operating**

**5290**

**\$61,315.55**

4. **Other cash equivalents** (Identify all)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$61,615.55**

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

Debtor **Sand Castle South Timeshare Owners Association, Inc.** Case number (If known)  
Name

11b. Over 90 days old: 2,153,327.66 - Unknown =.... Unknown  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Unknown

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.  
☐ Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.  
☐ Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.  
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

**Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.

**Nature and extent of debtor's interest in property**

**Net book value of debtor's interest (Where available)**

**Valuation method used for current value**

**Current value of debtor's interest**

|        |   |                        |
|--------|---|------------------------|
| Debtor | <b>Sand Castle South Timeshare Owners Association, Inc.</b> | Case number (If known) |
|        | <small>Name</small>   |                        |

55.1. **39 Timeshare units located at 2207 South Ocean Blvd, Myrtle Beach, South Carolina 29577 (Units Numbered 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 914, 915, 916, 917, 918, 919, 920, 921, 1101, 1102, 1103, 1104, 1105, , 1106, 1107, 1108, 1109, 1110, 1111, 1112, 1114, 1115, 1116, 1117, 1118, 1119, 1120 and 1121 of the Sand Castle South Horizontal Property Regime). SEE ATTACHED LEGAL DESCRIPTION**

|  |         |         |
|--|---------|---------|
|  | Unknown | Unknown |
|--|---------|---------|

---

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

Unknown

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No  
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No  
☐ Yes

Part 10:

**Intangibles and intellectual property**


---

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

| General description   | Net book value of debtor's interest<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| 60. <b>Patents, copyrights, trademarks, and trade secrets</b>   |  |   |                                    |
| 61. <b>Internet domain names and websites</b>   |  |   |                                    |
| 62. <b>Licenses, franchises, and royalties</b><br><b>Sand Castle South Timeshare Ownership Plan License (SC REC File No. 905)</b> | Unknown  |   | Unknown                            |
| 63. <b>Customer lists, mailing lists, or other compilations</b>   |  |   |                                    |
| 64. <b>Other intangibles, or intellectual property</b>  |  |   |                                    |
| 65. <b>Goodwill</b>   |  |   |                                    |

Debtor **Sand Castle South Timeshare Owners Association, Inc.**  
Name

Case number (If known)

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

Unknown

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☐ No  
☒ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No  
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 11: All other assets**

**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor **Sand Castle South Timeshare Owners Association, Inc.** Case number (If known)  
 Name \_\_\_\_\_

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property  | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. <b>Cash, cash equivalents, and financial assets.</b><br><i>Copy line 5, Part 1</i>                  | <b>\$61,615.55</b>                 |                                |
| 81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>  | <b>\$0.00</b>                      |                                |
| 82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>  | <b>Unknown</b>                     |                                |
| 83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>  | <b>\$0.00</b>                      |                                |
| 84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>  | <b>\$0.00</b>                      |                                |
| 85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>                             | <b>\$0.00</b>                      |                                |
| 86. <b>Office furniture, fixtures, and equipment; and collectibles.</b><br><i>Copy line 43, Part 7.</i> | <b>\$0.00</b>                      |                                |
| 87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>                             | <b>\$0.00</b>                      |                                |
| 88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>  |                                    | <b>Unknown</b>                 |
| 89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>                         | <b>Unknown</b>                     |                                |
| 90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>  | <b>+</b> <b>\$0.00</b>             |                                |
| 91. <b>Total.</b> Add lines 80 through 90 for each column   | <b>\$61,615.55</b>                 | <b>+ 91b. \$0.00</b>           |
| 92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92                                  |                                    | <b>\$61,615.55</b>             |

Debtor **Sand Castle South Timeshare Owners Association, Inc.**  
Name

Case number (If known)

### LEGAL DESCRIPTION OF PROPERTY

ALL AND SINGULAR, those certain Units Numbered 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 914, 915, 916, 917, 918, 919, 920, 921, 1101, 1102, 1103, 1104, 1105, 1106, 1107, 1108, 1109, 1110, 1111, 1112, 1114, 1115, 1116, 1117, 1118, 1119, 1120, and 1121 of the Sand Castle South Horizontal Property Regime, established pursuant to the Master Deed for Sand Castle South Horizontal Property Regime, dated June 16, 2006 and recorded June 16, 2006 in Deed Book 3114 at Page 478, in the records of Horry County, South Carolina.

SUBJECT to all of the provisions of the aforesaid Master Deed and Exhibits and Amendments thereto.

AND SUBJECT to all other restrictions, reservations, easements, and rights of way or record, including those set out on the recorded map.

AND FURTHER SUBJECT to all of the provisions of the Supplemental Declaration for Sand Castle South Timeshare Ownership Plan recorded in Deed Book 3255 at Page 567, et. seq., in the records of Horry County, South Carolina.

TOGETHER will all of the appurtenances thereto according the Master Deed, the Supplemental Declaration for Sand Castle South Timeshare Ownership Plan and Exhibits and Amendments thereto, and the Grantee assumes and agrees to observe and perform its obligations under the Master Deed and Supplemental Declaration for Sand Castle South Timeshare Ownership Plan and Exhibits and Amendments thereto, including, but not limited to, the payment of assessments for the maintenance and operation of the units, condominiums and timeshare interests. AND SUBJECT to the provisions of the By-Laws of Sand Castle South Homeowner's Association, Inc. and the By-Laws of Sand Castle South Timeshare Owners Association, Inc.

This being a portion of the property conveyed to Sand Castle South Condo, LLC by Deed of Cherokee Motels, Inc., recorded June 16, 2006 in Deed Book 3114 at Page 462, in the Office of the Register of Deeds for Horry County, South Carolina.

TMS No.: 187-01-02-078; 187-01-02-079; 187-01-02-080; 187-01-02-081; 187-01-02-082; 187-01-02-083; 187-01-02-084; 187-01-02-085; 187-01-02-086; 187-01-02-087; 187-01-02-088; 187-01-02-089; 187-01-02-90; 187-01-02-091; 187-01-02-092; 187-01-02-093; 187-01-02-094; 187-01-02-095; 187-01-02-096; 187-01-02-097; 187-01-02-218; 187-01-02-219; 187-01-02-220; 187-01-02-221; 187-01-02-222; 187-01-02-223; 187-01-02-224; 187-

01-02-225; 187-01-02-226; 187-01-02-227; 187-01-02-228; 187-01-02-229;  
187-01-02-230; 187-01-02-231; 187-01-02-232; 187-01-02-233; 187-01-02-  
234; 187-01-02-235; 187-01-02-236 and 187-01-02-237

LESS AND EXCEPTING:

Any previously conveyed timeshare interest in the above referenced Units,  
consisting of a 1/52 or a 1/104 undivided interest.



**Fill in this information to identify the case:**

Debtor name **Sand Castle South Timeshare Owners Association, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

**12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

**Fill in this information to identify the case:**

Debtor name **Sand Castle South Timeshare Owners Association, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

|     |   | Total claim   | Priority amount                                     |
|-----|---|---|---|
| 2.1 | <p>Priority creditor's name and mailing address</p> <p><b>Horry County Treasurer's Office</b><br/><b>PO Box 1237</b><br/><b>Conway, SC 29528</b></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p> | <p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Property Taxes Due</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p><b>\$42,585.81</b></p> <p><b>\$42,585.81</b></p> |

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

|     |  | Amount of claim  |
|-----|--|--|
| 3.1 | <p>Nonpriority creditor's name and mailing address</p> <p><b>Celso Aabano</b><br/><b>1658 Milwaukee Ave #100-8053</b><br/><b>Chicago, IL 60647</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <b>8570</b></p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>NOTICE PURPOSES ONLY</b></p> <p><b>Unit Type: 1 BD; Unit 1120 (Biannual Float)</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>\$0.00</b></p> |
| 3.2 | <p>Nonpriority creditor's name and mailing address</p> <p><b>James Adams</b><br/><b>3730 Meadowview Rd</b><br/><b>Kershaw, SC 29067</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <b>6715</b></p>            | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>NOTICE PURPOSES ONLY</b></p> <p><b>Unit Type: STU; Unit: 903 (Biannual Float)</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>\$0.00</b></p>  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.3  | <b>Nonpriority creditor's name and mailing address</b><br><b>Joshua Adams</b><br><b>PO Box 382</b><br><b>Chapmanville, NC 28133</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6716</u>                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 919 (Annual Float)</b><br><b>Unit Type: STU; Unit: 907 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.4  | <b>Nonpriority creditor's name and mailing address</b><br><b>Samuel Adams</b><br><b>5513 Ackley Ln</b><br><b>Hope Mills, NC 28348</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6717</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 909 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.5  | <b>Nonpriority creditor's name and mailing address</b><br><b>William Addison</b><br><b>1722 McFarlin Bridge Rd</b><br><b>Carnesville, GA 30521</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6719</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit: 918 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.6  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jae Adle</b><br><b>PO Box 52</b><br><b>Lyons, NY 14489</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6721</u>                            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 902 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.7  | <b>Nonpriority creditor's name and mailing address</b><br><b>Denorise Allen</b><br><b>2543 Old Mill Road</b><br><b>High Point, NC 27265</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6725</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 1108 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.8  | <b>Nonpriority creditor's name and mailing address</b><br><b>Pamela Allen</b><br><b>1261 McPherson Rd</b><br><b>Vass, NC 28327</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6726</u>                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 903 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

|        |   |                              |
|--------|---|------------------------------|
| Debtor | <b>Sand Castle South Timeshare Owners Association, Inc.</b><br>Name _____ | Case number (if known) _____ |
|--------|---|------------------------------|

|     |   |   |
|-----|---|---|
| 3.9 | Nonpriority creditor's name and mailing address<br><b>Vernon Allison</b><br><b>7700 Boyer Farm Rd</b><br><b>Walnut Cove, NC 27052</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6727</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><b>Unit Type: 1 BD; Unit: 917 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|---|---|

|      |  |  |
|------|--|--|
| 3.10 | Nonpriority creditor's name and mailing address<br><b>Ronald Althenn, II</b><br><b>3905 Hearn Drive</b><br><b>Columbia, SC 29223</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6728</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><b>Unit Type: STU; Unit 1108 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|--|--|

|      |  |  |
|------|--|--|
| 3.11 | Nonpriority creditor's name and mailing address<br><b>Michael Ammons</b><br><b>2645 Mozelle Sherrill Ln</b><br><b>Denver, NC 28037</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6730</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><b>Unit Type: STU; Unit: 904 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|--|--|

|      |   |   |
|------|---|---|
| 3.12 | Nonpriority creditor's name and mailing address<br><b>Howard Anderson</b><br><b>1000 Louis Gardner Rd</b><br><b>Upton, KY 42784</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>8630</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><b>Unit Type: STU; Unit 907 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|---|---|

|      |   |   |
|------|---|---|
| 3.13 | Nonpriority creditor's name and mailing address<br><b>Jeffrey Anderson</b><br><b>2641 Sudie Dr</b><br><b>Burlington, NC 27217</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6731</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><b>Unit Type: 1 BD; Unit: 916 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|---|---|

|      |   |  |
|------|---|--|
| 3.14 | Nonpriority creditor's name and mailing address<br><b>Shawntay Anthony</b><br><b>911 Belton street</b><br><b>Monroe, NC 28110</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6732</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><b>Unit Type: STU; Unit 1109 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|---|--|

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
|--|--|--|
| Name _____   |  |  |
| 3.15   | <b>Nonpriority creditor's name and mailing address</b><br><b>Kalyan Anumula</b><br><b>1278 Turnbury Lane</b><br><b>North Wales, PA 19454</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6733</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 901 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.16   | <b>Nonpriority creditor's name and mailing address</b><br><b>Diane Artis</b><br><b>31230 Smiths Ferry Road</b><br><b>Franklin, VA 23851</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6734</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 920 (Biannual Float)</b><br><b>Unit Type: STU; Unit 908 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.17   | <b>Nonpriority creditor's name and mailing address</b><br><b>Sam Atkins, Jr.</b><br><b>732 Indian Trl</b><br><b>Martinsville, VA 24112</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6736</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 915 (Annual Float)</b><br><b>Unit Type: STU; Unit: 914 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.18   | <b>Nonpriority creditor's name and mailing address</b><br><b>Robbie Atkins</b><br><b>228 Charles Ave</b><br><b>High Point, NC 27260</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6735</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 904 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.19   | <b>Nonpriority creditor's name and mailing address</b><br><b>Larry Atkinson</b><br><b>3840 Hedgewood Dr</b><br><b>Sumter, SC 29154</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7518</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 908 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
|--|--|--|
| Name _____   |  |  |
| 3.20   | <b>Nonpriority creditor's name and mailing address</b><br><b>Linda Atkinson</b><br><b>1201 Mill St</b><br><b>Camden, SC 29020</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>2506</u>                      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.21   | <b>Nonpriority creditor's name and mailing address</b><br><b>Roy Ayers</b><br><b>2007 Westfield Rd</b><br><b>Mount Airy, NC 27030</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6737</u>                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit:</b> <u>1 BD; Unit: 915 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.22   | <b>Nonpriority creditor's name and mailing address</b><br><b>Isaac Bacoat</b><br><b>1904 Carriage House Road</b><br><b>Fayetteville, NC 28312-3401</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6027</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.23   | <b>Nonpriority creditor's name and mailing address</b><br><b>Richard Bailey, Jr.</b><br><b>135 Dogwood Ln</b><br><b>Fayetteville, WV 25840</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6740</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 918 (Biannual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit 919 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.24   | <b>Nonpriority creditor's name and mailing address</b><br><b>Nicholas Bailey</b><br><b>1920 Old Hickory Grove Rd</b><br><b>Mount Holly, NC 28120</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6739</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.25   | <b>Nonpriority creditor's name and mailing address</b><br><b>Luis Baires</b><br><b>3407 Skybrook Ln</b><br><b>Durham, NC 27703</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6741</u>                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 911 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
|--|---|--|
| Name _____   |   |  |
| 3.26   | <b>Nonpriority creditor's name and mailing address</b><br><b>Zakiya Y. Bakari-Griffin</b><br><b>192 Clayton Ave</b><br><b>Frankford, DE 19945</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6742</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 908 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.27   | <b>Nonpriority creditor's name and mailing address</b><br><b>Tammy Baker</b><br><b>397 Simms St</b><br><b>Maysville, GA 30558</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6743</u>                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 912 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.28   | <b>Nonpriority creditor's name and mailing address</b><br><b>Shirley Ballard</b><br><b>17605 Highway 101 S</b><br><b>Gray Court, SC 29645</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6746</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.29   | <b>Nonpriority creditor's name and mailing address</b><br><b>James Baltzell</b><br><b>32 Newton St.</b><br><b>Norwich, CT 06360</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6748</u>               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit:1115 (Biennial Points)</u><br><b>Unit Type:</b> <u>STU; Unit 1114 (iennial Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.30   | <b>Nonpriority creditor's name and mailing address</b><br><b>Linda Bangs</b><br><b>100 Forest Park Dr</b><br><b>North Kingstown, RI 02852</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6749</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit: 1117 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.31   | <b>Nonpriority creditor's name and mailing address</b><br><b>Leonard Banks</b><br><b>713 Buffalo View Rd</b><br><b>Hillsville, VA 24343</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6750</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biennial Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.32   | <b>Nonpriority creditor's name and mailing address</b><br><b>Bryan Barber</b><br><b>134 Deerfield Rd</b><br><b>Rockingham, NC 28379</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6751</u>                             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 902 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.33   | <b>Nonpriority creditor's name and mailing address</b><br><b>Connie Barrington</b><br><b>3166 Magnolia Rd</b><br><b>Bennettsville, SC 29512</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6754</u>                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.34   | <b>Nonpriority creditor's name and mailing address</b><br><b>Robert Beatty</b><br><b>884 Hills Rd</b><br><b>Belmont, NC 28012</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6755</u>                                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.35   | <b>Nonpriority creditor's name and mailing address</b><br><b>Arleathia Beavers</b><br><b>PO Box 314</b><br><b>Greeleyville, SC 29056</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6756</u>                            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 912 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.36   | <b>Nonpriority creditor's name and mailing address</b><br><b>Erica Renee Beckett</b><br><b>129 Willow Bend Dr</b><br><b>Apt 3C</b><br><b>Owings Mills, MD 21117</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6757</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 904 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |



| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.37   | <b>Nonpriority creditor's name and mailing address</b><br><b>Paul Beeson</b><br><b>110 English Court</b><br><b>Trinity, NC 27370</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6758</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 905 (Annual Float)</u><br><b>Unit Type:</b> <u>1BD; Unit 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.38   | <b>Nonpriority creditor's name and mailing address</b><br><b>Andre Belisle</b><br><b>145 Chaplin St</b><br><b>Chaplin, CT 06235</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6759</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.39   | <b>Nonpriority creditor's name and mailing address</b><br><b>Daniel Bell</b><br><b>376 Hollywood Farm Rd</b><br><b>Fredericksburg, VA 22405</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6760</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 915 (Annual Float)</u><br><b>Unit Type:</b> <u>STU; Unit: 914 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biannual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 919 (Annual Float) (2)</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.40   | <b>Nonpriority creditor's name and mailing address</b><br><b>Alexis Bennett</b><br><b>541 Apple Ridge Road</b><br><b>Greensboro, NC 27406</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6762</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.41   | <b>Nonpriority creditor's name and mailing address</b><br><b>Christopher Bennett</b><br><b>116 Copes Ct</b><br><b>Rock Hill, SC 29732</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6763</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.42   | <b>Nonpriority creditor's name and mailing address</b><br><b>Gary Berry</b><br><b>114 Zoe Cir</b><br><b>Jacksboro, TN 37757</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6765</u>                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 914 (Biannual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 915 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.43   | <b>Nonpriority creditor's name and mailing address</b><br><b>Levente Berry</b><br><b>7521 Blacklick Ridge Blvd</b><br><b>Blacklick, OH 43004</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6766</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 1104 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.44   | <b>Nonpriority creditor's name and mailing address</b><br><b>Richard Berry</b><br><b>131 Old Turnpike Rd</b><br><b>Beckley, WV 25801</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6767</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.45   | <b>Nonpriority creditor's name and mailing address</b><br><b>Barbara Bielawski</b><br><b>12645 W Eden Ct</b><br><b>New Berlin, WI 53151</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6770</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.46   | <b>Nonpriority creditor's name and mailing address</b><br><b>Cynthia Billington</b><br><b>2044 Halifax Rd</b><br><b>Chatham, VA 24531</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6771</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.47   | <b>Nonpriority creditor's name and mailing address</b><br><b>Cheryl Ann Black</b><br><b>178 Lancer Dr</b><br><b>Ringgold, GA 30736</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6773</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 903 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.48   | <b>Nonpriority creditor's name and mailing address</b><br><b>William Black</b><br><b>210 Vernon St</b><br><b>Cherryville, NC 28021</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6774</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 916 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.49   | <b>Nonpriority creditor's name and mailing address</b><br><b>William Blackwell</b><br><b>4107 SE School Rd</b><br><b>Greensboro, NC 27406</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6775</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 1103 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.50   | <b>Nonpriority creditor's name and mailing address</b><br><b>Latoya Blair</b><br><b>15 Kay Ln, Apt J</b><br><b>Waterbury, CT 06708</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6776</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 914 (Biannual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 915 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.51   | <b>Nonpriority creditor's name and mailing address</b><br><b>Louis Blake, Jr.</b><br><b>PO Box 1516</b><br><b>Saint Stephen, SC 29479</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6777</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.52   | <b>Nonpriority creditor's name and mailing address</b><br><b>Cassandra Bland</b><br><b>PO Box 17612</b><br><b>Greenville, SC 29606</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6778</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 921 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.53   | <b>Nonpriority creditor's name and mailing address</b><br><b>Jimmie Blankenship, Jr.</b><br><b>2525 Stroud Rd</b><br><b>Jackson, GA 30233</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6779</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 920 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.54   | <b>Nonpriority creditor's name and mailing address</b><br><b>Susan Blevins</b><br><b>1204 Osborne Rd</b><br><b>Mount Sterling, KY 40353</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6780</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 901 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.55   | <b>Nonpriority creditor's name and mailing address</b><br><b>Tracy Bodkin</b><br><b>119 Wimbledon Way</b><br><b>Murrells Inlet, SC 29576</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6781</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 906 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.56   | <b>Nonpriority creditor's name and mailing address</b><br><b>Norman Bogard</b><br><b>14362 US Highway 42 E</b><br><b>Verona, KY 41092</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6782</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 901 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.57   | <b>Nonpriority creditor's name and mailing address</b><br><b>James Bogart</b><br><b>5707 Dogwood Rd</b><br><b>Knoxville, TN 37978</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6783</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 1115 (Biannual Float)</b><br><b>Unit Type: STU; Unit 1114 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.58   | <b>Nonpriority creditor's name and mailing address</b><br><b>Jason Bolin</b><br><b>3995 Meadow Run Rd</b><br><b>Waverly, OH 45690</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6784</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 920 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.59   | <b>Nonpriority creditor's name and mailing address</b><br><b>Ralph Bolt</b><br><b>3713 Blackburn Ave</b><br><b>Ashland, KY 41101</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6785</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 911 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
|--|---|--|
| Name _____   |   |  |
| 3.60   | <b>Nonpriority creditor's name and mailing address</b><br><b>Tracy Boone</b><br><b>1222 James St</b><br><b>Macon, GA 31204</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6786</u>                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit: 1117 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.61   | <b>Nonpriority creditor's name and mailing address</b><br><b>Waltraud Booth</b><br><b>234 Winters Dr</b><br><b>Wintersville, OH 43953</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6788</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 917 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.62   | <b>Nonpriority creditor's name and mailing address</b><br><b>Timothy Borchardt</b><br><b>2395 State Highway 12</b><br><b>Greene, NY 13778</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6789</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 920 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.63   | <b>Nonpriority creditor's name and mailing address</b><br><b>Chester Boroski, Sr.</b><br><b>28865 Morgan Ln</b><br><b>Richfield, NC 28137</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6790</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 911 (Annual Float)</b><br><b>Unit Type: 1BD; Unit: 916 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.64   | <b>Nonpriority creditor's name and mailing address</b><br><b>Richard Bowling</b><br><b>117B Valley Dr</b><br><b>Nitro, WV 25303</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6791</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 907 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.65   | <b>Nonpriority creditor's name and mailing address</b><br><b>Andy Boyette</b><br><b>891 Scott Rd</b><br><b>Kenly, NC 27542</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6792</u>                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 1117 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known)   |
|--|---|--|
| Name   |   |  |
| 3.66   | <b>Nonpriority creditor's name and mailing address</b><br><b>Lisa Boykin</b><br><b>1952 Lucknow Rd</b><br><b>Camden, SC 29020</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6793</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.67   | <b>Nonpriority creditor's name and mailing address</b><br><b>Jeri Brannen</b><br><b>9464 US 52</b><br><b>Manchester, OH 45144</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6794</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.68   | <b>Nonpriority creditor's name and mailing address</b><br><b>Anthony Breeden</b><br><b>4922 Big Creek Rd</b><br><b>Hartford, TN 37753</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6797</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 921 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit 921 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.69   | <b>Nonpriority creditor's name and mailing address</b><br><b>Shawn Brehm</b><br><b>405 East Market Street</b><br><b>Baltimore, OH 43105</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6798</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 917 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.70   | <b>Nonpriority creditor's name and mailing address</b><br><b>William Brisson</b><br><b>10405 Rockinham Rd</b><br><b>Laurel Hill, NC 28351</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6799</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit: 1118 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.71   | <b>Nonpriority creditor's name and mailing address</b><br><b>Robert Bronson</b><br><b>1364 Doc Brown Rd</b><br><b>Raeford, NC 28376</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6801</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 906 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.72   | <b>Nonpriority creditor's name and mailing address</b><br><b>H. Brooks</b><br><b>205 W Alton St</b><br><b>Durham, NC 27707</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6802</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.73   | <b>Nonpriority creditor's name and mailing address</b><br><b>Karen Brooks</b><br><b>1790 Avenue S NW</b><br><b>Winter Haven, FL 33881</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6803</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 921 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.74   | <b>Nonpriority creditor's name and mailing address</b><br><b>Edward Brown</b><br><b>508 Katonah Ave</b><br><b>Charlotte, NC 28208</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6805</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.75   | <b>Nonpriority creditor's name and mailing address</b><br><b>Kenwick Brown</b><br><b>1804 Winthrop Dr</b><br><b>Florence, SC 29501</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6806</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 1101 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.76   | <b>Nonpriority creditor's name and mailing address</b><br><b>Timothy Brown</b><br><b>1433 Hillsboro Rd</b><br><b>Orangeburg, SC 29115</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6808</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.77   | <b>Nonpriority creditor's name and mailing address</b><br><b>Hugh Brunner</b><br><b>501 N High St</b><br><b>Duncannon, PA 17020</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6809</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 915 (Annual Float)</u><br><b>Unit Type:</b> <u>STU; Unit: 914 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.78   | <b>Nonpriority creditor's name and mailing address</b><br><b>Rodney Brunson</b><br><b>140 Trailwood Drive</b><br><b>Sumter, SC 29154</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6811</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 1117 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.79   | <b>Nonpriority creditor's name and mailing address</b><br><b>Danny Bryant</b><br><b>103 Wilhowie Dr, #A</b><br><b>Lexington, SC 29073</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6812</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 908 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.80   | <b>Nonpriority creditor's name and mailing address</b><br><b>Ronnie Bryant</b><br><b>2331 Grantham School Rd</b><br><b>Mount Olive, NC 28365</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6813</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 1101 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.81   | <b>Nonpriority creditor's name and mailing address</b><br><b>Rosendo Bryden</b><br><b>4576 Vernon Farms Blvd</b><br><b>Kernersville, NC 27284</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6814</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 921 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes     |
| 3.82   | <b>Nonpriority creditor's name and mailing address</b><br><b>Nicole Bubb</b><br><b>247 Harper Dr</b><br><b>Snow Hill, NC 28580</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6815</u>                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 901 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.83   | <b>Nonpriority creditor's name and mailing address</b><br><b>Brian M. Buch</b><br><b>4711 Poplar Lane</b><br><b>Doral, FL 33178</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6816</u>               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 905 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      |



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| Debtor | <b>Sand Castle South Timeshare Owners Association, Inc.</b><br>Name _____ | Case number (if known) _____ |
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| 3.84 | Nonpriority creditor's name and mailing address<br><b>Edward J. Bucia</b><br><b>701 Bent Hickory Road</b><br><b>Charleston, SC 29414</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6817</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: 1 BD; Unit 915 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.85 | Nonpriority creditor's name and mailing address<br><b>Burchfield Vacation Rentals, LLC</b><br><b>c/o James Franklin Burchfield</b><br><b>PO Box 18322</b><br><b>Knoxville, TN 37928</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6818</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: 1 BD; Unit 917 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.86 | Nonpriority creditor's name and mailing address<br><b>Jeffrey Burdick</b><br><b>4046 Old Trail Rd</b><br><b>Martinez, GA 30907</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6819</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: STU; Unit: 910 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.87 | Nonpriority creditor's name and mailing address<br><b>George P. Burfeind</b><br><b>172 Bunker Rd</b><br><b>Rotonda West, FL 33947</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6820</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: 1 BD; Unit: 918 (Annual Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.88 | Nonpriority creditor's name and mailing address<br><b>Nannie Burton</b><br><b>1020 Grand Concourse</b><br><b>Bronx, NY 10451</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6821</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: STU; Unit: 907 (Annual Float)</u><br><u>Unit Type: 1 BD; Unit: 919 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.89 | Nonpriority creditor's name and mailing address<br><b>James Byker</b><br><b>134 W Central Ave</b><br><b>Zeeland, MI 49464</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6823</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: STU; Unit 1105 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | <b>Sand Castle South Timeshare Owners Association, Inc.</b><br>Name _____ | Case number (if known) _____ |
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| 3.90 | Nonpriority creditor's name and mailing address<br><b>Audrey B. Cahill</b><br><b>4 George St</b><br><b>Sharon, ON LOG 1VO</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6825</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: STU; Unit: 1114 (Biennial Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.91 | Nonpriority creditor's name and mailing address<br><b>William Callahan</b><br><b>131 Kenneth Cooper Road</b><br><b>Whittier, NC 28789</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6826</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: STU; Unit: 914 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.92 | Nonpriority creditor's name and mailing address<br><b>Yolanda Leon Camacho</b><br><b>7200 Amster Rd</b><br><b>N. Chesterfield, VA 23225</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6827</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: STU; Unit 914 (Annual Float)</u><br><u>Unit Type: 1 BD; Unit 915 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.93 | Nonpriority creditor's name and mailing address<br><b>Jimmy Camp</b><br><b>19 Oak Grove Rd</b><br><b>Landrum, SC 29356</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6828</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: 1BD; Unit: 1118 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.94 | Nonpriority creditor's name and mailing address<br><b>Albert L. Campbell</b><br><b>5128 Dorchester Rd</b><br><b>North Charleston, SC 29403</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6829</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: STU; Unit 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.95 | Nonpriority creditor's name and mailing address<br><b>Robert Campbell, Jr.</b><br><b>164 Windsor Way</b><br><b>Mount Royal, NJ 08061</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6832</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: 1 BD; Unit: 1116 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | <b>Sand Castle South Timeshare Owners Association, Inc.</b><br>Name _____ | Case number (if known) _____ |
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| 3.96 | Nonpriority creditor's name and mailing address<br><b>Katie Campbell</b><br><b>32 Railroad Ave</b><br><b>PO Box 586</b><br><b>Craigsville, VA 24430</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6831</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: 1 BD; Unit 916 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.97 | Nonpriority creditor's name and mailing address<br><b>Patricia Canton</b><br><b>7749 Red Maple Pl</b><br><b>Westerville, OH 43082</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6834</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: 1 BD; Unit 915 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.98 | Nonpriority creditor's name and mailing address<br><b>Patricia Carey</b><br><b>6070 Highway 145</b><br><b>Carnesville, GA 30521</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6836</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: 1 BD; Unit 1101 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.99 | Nonpriority creditor's name and mailing address<br><b>Benjamin Carroll</b><br><b>1160 N 17th E</b><br><b>Mountain Home, ID 83647</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6837</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: 1 BD; Unit: 920 (Annual Float)</u><br><u>Unit Type: 1 BD; Unit: 921 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.100 | Nonpriority creditor's name and mailing address<br><b>Robert Carroll</b><br><b>1203 Cherokee Trail</b><br><b>Covington, VA 24426</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6838</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: 1BD; Unit: 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.101 | Nonpriority creditor's name and mailing address<br><b>Thomas G. Carslay</b><br><b>13507 East 43rd Dr.</b><br><b>Yuma, AZ 85367</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6839</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: STU; Unit 902 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
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| Name _____   |   |  |
| 3.102  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jerry Carter</b><br><b>1050 River Rd</b><br><b>Stoneville, NC 27048</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6840</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 1114 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 1115 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 920 (Annual Float)</u><br><b>Unit Type:</b> <u>STU; Unit: 909 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.103  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ronald Carter</b><br><b>1531 Blain Hwy</b><br><b>Waverly, OH 45690</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6841</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 919 (Annual Float)</u><br><b>Unit Type:</b> <u>STU; Unit: 910 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.104  | <b>Nonpriority creditor's name and mailing address</b><br><b>Amy Case</b><br><b>804 Driftwood Lane</b><br><b>North, SC 29112</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6843</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 918 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.105  | <b>Nonpriority creditor's name and mailing address</b><br><b>Gary Casterline, Jr.</b><br><b>259 N Vine Ave</b><br><b>Rialto, CA 92376</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6844</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 912 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.106  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ralph Castro</b><br><b>7001 Cannon Dr</b><br><b>Canal Winchester, OH 43110</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6845</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 1116 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
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| Name _____   |  |  |
| 3.107  | <b>Nonpriority creditor's name and mailing address</b><br><b>Brad Caudill</b><br><b>1500 Cedar Ln</b><br><b>Wilkesboro, NC 28697</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6846</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 918 (Annual Float)</b><br><b>Unit Type: STU; Unit: 906 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      |
| 3.108  | <b>Nonpriority creditor's name and mailing address</b><br><b>Clyde Caudle</b><br><b>301 Woodberry Dr</b><br><b>Wingate, NC 28174</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6847</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 917 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.109  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kiwanna Chapman</b><br><b>1200 E Holly St</b><br><b>Rocky Mount, SC 29461</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6849</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 906 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.110  | <b>Nonpriority creditor's name and mailing address</b><br><b>Thomas Chapman</b><br><b>116 Crest Ave</b><br><b>East Haven, CT 06513</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6850</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 921 (Biannual Float)</b><br><b>Unit Type: 1 BD; Unit: 920 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.111  | <b>Nonpriority creditor's name and mailing address</b><br><b>Raoul Chasse</b><br><b>130 Lopes Cir</b><br><b>Franklin, NC 28734</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6851</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 916 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

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| Debtor | <b>Sand Castle South Timeshare Owners Association, Inc.</b><br>Name _____ | Case number (if known) _____ |
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| 3.112 | Nonpriority creditor's name and mailing address<br><b>Edward Chavis</b><br><b>PO Box 462</b><br><b>Pembroke, NC 28372</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6852</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: STU; Unit 1104 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.113 | Nonpriority creditor's name and mailing address<br><b>Cherokee Motels, Inc.</b><br><b>PO Box 1362</b><br><b>Myrtle Beach, SC 29578</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$360,000.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>Note Payment Due</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.114 | Nonpriority creditor's name and mailing address<br><b>Vernell Cherry</b><br><b>2402 Huntwood Ct.</b><br><b>Frederick, MD 21702</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6853</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: 1 BD; Unit: 915 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.115 | Nonpriority creditor's name and mailing address<br><b>Wieslaw Cierpka</b><br><b>42 Nantucket Dr</b><br><b>Richmond Hill, ON, L4E 3V8, Canada</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6855</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: 1BD; Unit: 919 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.116 | Nonpriority creditor's name and mailing address<br><b>John Cindea</b><br><b>6314 Ewe Dr</b><br><b>Clinton, OH 44216</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6856</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: 1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.117 | Nonpriority creditor's name and mailing address<br><b>Barbara Clark</b><br><b>290 Clubfoot Creek Rd</b><br><b>Havelock, NC 28532</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6857</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: STU; Unit: 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.118  | <b>Nonpriority creditor's name and mailing address</b><br><b>Donna Clark</b><br><b>7204 Cloverfield Ct</b><br><b>Wilmington, NC 28411</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6858</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1114 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.119  | <b>Nonpriority creditor's name and mailing address</b><br><b>Joyce Clark</b><br><b>3830 Pineleaf Cir</b><br><b>Midland, NC 28107</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6859</u>               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 917 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.120  | <b>Nonpriority creditor's name and mailing address</b><br><b>Leonard Clark</b><br><b>1008 Double Bridges Drive</b><br><b>Fancy Gap, VA 24328</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6860</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit 1116 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.121  | <b>Nonpriority creditor's name and mailing address</b><br><b>Winston Clarke</b><br><b>PSC 557 Box 386</b><br><b>FPO, AP 96379-0004</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6861</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 910 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.122  | <b>Nonpriority creditor's name and mailing address</b><br><b>William Clay</b><br><b>4201 Broad Run Church Rd</b><br><b>New Baltimore, VA 20187</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6863</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1101 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.123  | <b>Nonpriority creditor's name and mailing address</b><br><b>Nelson Clayton</b><br><b>167 Flossie Ln</b><br><b>Lexington, NC 27295</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6864</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biennial Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.124  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Clontz</b><br><b>3003 Camden Road</b><br><b>Marshville, NC 28103</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6866</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>S1BD; Unit: 917 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.125  | <b>Nonpriority creditor's name and mailing address</b><br><b>Club Resorts</b><br><b>1093 State Highway 176</b><br><b>Walnut Shade, MO 65771</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>1224</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 908 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes     |
| 3.126  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michael Coats</b><br><b>100 Navigator Ln</b><br><b>Laurens, SC 29360</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6867</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 1114 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.127  | <b>Nonpriority creditor's name and mailing address</b><br><b>Adelbert Cobbin</b><br><b>244 Lincoln St</b><br><b>Ravenna, OH 44266</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6868</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.128  | <b>Nonpriority creditor's name and mailing address</b><br><b>Robert Coffey</b><br><b>9602 Norwick Ln</b><br><b>Fredericksburg, VA 22408</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6869</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.129  | <b>Nonpriority creditor's name and mailing address</b><br><b>Dara Cohen</b><br><b>3621 Kelly Way</b><br><b>Louisville, KY 40220</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6870</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 902 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes     |



| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known)   |
|--|---|--|
| Name   |   |  |
| 3.130  | <b>Nonpriority creditor's name and mailing address</b><br><b>Timothy Colby</b><br><b>7613 Whirlaway Dr</b><br><b>Midlothian, VA 23112</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>0169</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 909 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.131  | <b>Nonpriority creditor's name and mailing address</b><br><b>Shawn Cole</b><br><b>2 Harvard Drive</b><br><b>Greenville, SC 29605</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6872</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 908 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.132  | <b>Nonpriority creditor's name and mailing address</b><br><b>David Collins, Jr.</b><br><b>129 Quincy Dr</b><br><b>Landrum, SC 29356</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6874</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit: 1116 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.133  | <b>Nonpriority creditor's name and mailing address</b><br><b>Charles Compton, Jr.</b><br><b>6501 Wilton Rd</b><br><b>Chesterfield, VA 23832</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6876</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1115 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.134  | <b>Nonpriority creditor's name and mailing address</b><br><b>Joshua Conerly</b><br><b>1600 Manchester Dr SW</b><br><b>Conyers, GA 30094</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6877</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.135  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kenneth Conley</b><br><b>612 China Grove Hwy</b><br><b>Rockwell, NC 28138</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6878</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 918 (Biannual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 917 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.136  | <b>Nonpriority creditor's name and mailing address</b><br><b>Joann Cook</b><br><b>PO Box 422</b><br><b>Kershaw, SC 29067</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6880</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 1103 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.137  | <b>Nonpriority creditor's name and mailing address</b><br><b>Samantha Cooley</b><br><b>1055 Old Plantation Rd</b><br><b>Walnut Cove, NC 27052</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>0485</u>                           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.138  | <b>Nonpriority creditor's name and mailing address</b><br><b>Estate of Sandra Coombes</b><br><b>c/o Carl Ryan</b><br><b>282 Roach Ave</b><br><b>Welland, Ontario L3C2W4</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6881</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.139  | <b>Nonpriority creditor's name and mailing address</b><br><b>Alvin Cooper</b><br><b>426 Glacier Place</b><br><b>Winterville, NC 28590</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6882</u>                                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1-BD; Unit: 916 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.140  | <b>Nonpriority creditor's name and mailing address</b><br><b>Frances Cooper</b><br><b>3407 Blanch Rd</b><br><b>Blanch, NC 27212</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6883</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1101 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.141  | <b>Nonpriority creditor's name and mailing address</b><br><b>Sandra Cooper</b><br><b>552 Home Ave NW</b><br><b>Concord, NC 28025</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6884</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
|--|--|--|
| Name _____   |  |  |
| 3.142  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Corbin</b><br><b>1480 WO Ezell Blvd., Apt L95</b><br><b>Spartanburg, SC 29301</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6885</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.143  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Cortina</b><br><b>2 Bajala Dr E</b><br><b>Beaufort, SC 29907</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6886</u>                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 1103 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.144  | <b>Nonpriority creditor's name and mailing address</b><br><b>David Cox</b><br><b>12166 Rain Hollow Ct</b><br><b>Maryland Heights, MO 63043</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6888</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.145  | <b>Nonpriority creditor's name and mailing address</b><br><b>Stephen Coyle</b><br><b>12003 Prairie Meadow Dr</b><br><b>Orlando, FL 32837</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>0486</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.146  | <b>Nonpriority creditor's name and mailing address</b><br><b>Robert Craig, Jr.</b><br><b>7012 Idlewood Rd</b><br><b>Charlotte, NC 28212</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6891</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.147  | <b>Nonpriority creditor's name and mailing address</b><br><b>Robert Craig</b><br><b>7303 Rourke Cv</b><br><b>Memphis, TN 38125</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6890</u>                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 916 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.148  | <b>Nonpriority creditor's name and mailing address</b><br><b>Scott Crane</b><br><b>1620 Wagon Wheel Dr</b><br><b>Blackfoot, ID 83221</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6892</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1110 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.149  | <b>Nonpriority creditor's name and mailing address</b><br><b>Johnny Crawford</b><br><b>9203 Wilkinson Blvd.</b><br><b>Charlotte, NC 28214</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6893</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 901 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.150  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ronnie Crimes, Sr.</b><br><b>PO Box 208</b><br><b>Preston, GA 31824</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6894</u>                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.151  | <b>Nonpriority creditor's name and mailing address</b><br><b>Judith Cripe</b><br><b>3104 N Broadway St APT A3</b><br><b>Knoxville, TN 37917</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6895</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 1103 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.152  | <b>Nonpriority creditor's name and mailing address</b><br><b>CRM of the Carolinas, LLC</b><br><b>3660 Old Kings Hwy</b><br><b>Murrells Inlet, SC 29576</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$28,018.98</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>Maintenance Services</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.153  | <b>Nonpriority creditor's name and mailing address</b><br><b>Christopher Crouser</b><br><b>15913 State Route 550</b><br><b>Fleming, OH 45729</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6896</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
|--|---|--|
| Name _____   |   |  |
| 3.154  | <b>Nonpriority creditor's name and mailing address</b><br><b>Tomesha Crowder</b><br><b>2704 Walkup Ave</b><br><b>Monroe, NC 28110</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6898</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.155  | <b>Nonpriority creditor's name and mailing address</b><br><b>Robert Crum</b><br><b>5785 Tyro St NE</b><br><b>Canton, OH 44721</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6899</u>               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.156  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jennifer Dagenhart</b><br><b>7821 Pebbleridge Dr</b><br><b>Charlotte, NC 28212</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7470</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit: 921 (Annual Float)</u><br><b>Unit Type:</b> <u>1BD; Unit: 920 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.157  | <b>Nonpriority creditor's name and mailing address</b><br><b>Grover Damron</b><br><b>1932 Pineview Rd</b><br><b>Randleman, NC 27317</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6902</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1101 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.158  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Danford, Jr.</b><br><b>3931 Spring Garden Ln</b><br><b>Estero, FL 33928</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6903</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.159  | <b>Nonpriority creditor's name and mailing address</b><br><b>Karen Daniel</b><br><b>308 Fuller Dr #21</b><br><b>Easley, SC 29640</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6904</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.160  | <b>Nonpriority creditor's name and mailing address</b><br><b>Christopher Daniels</b><br><b>10 Glen Oak Rd</b><br><b>Fredericksburg, VA 22405</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6905</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 915 (Annual Float)</b><br><b>Unit Type: STU; Unit: 914 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.161  | <b>Nonpriority creditor's name and mailing address</b><br><b>Floyd Daniels</b><br><b>1401 S. Slocumb Street</b><br><b>Goldsboro, NC 27530</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6906</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit 1116 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.162  | <b>Nonpriority creditor's name and mailing address</b><br><b>Djani Darmanovic</b><br><b>9406 Deer Spring Lane</b><br><b>Charlotte, NC 28210</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6907</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 917 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.163  | <b>Nonpriority creditor's name and mailing address</b><br><b>Patrick Daugherty</b><br><b>431 Fairway Dr</b><br><b>Abingdon, VA 24266</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6908</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 910 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.164  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Davenport</b><br><b>228 Aurora Blvd</b><br><b>Matthews, NC 28105</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6909</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 1101 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.165  | <b>Nonpriority creditor's name and mailing address</b><br><b>Almond Davis</b><br><b>292 Trevor Drive</b><br><b>Walterboro, SC 29488</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6910</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 911 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
|--|--|--|
| Name _____   |  |  |
| 3.166  | <b>Nonpriority creditor's name and mailing address</b><br><b>George Davis</b><br><b>311 Wythe Rd</b><br><b>Egg Harbor Township, NJ 08234</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6913</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1105 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.167  | <b>Nonpriority creditor's name and mailing address</b><br><b>Graham Davis, Jr.</b><br><b>1129 Hazelwood Rd</b><br><b>Columbia, SC 29209</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6914</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.168  | <b>Nonpriority creditor's name and mailing address</b><br><b>Rudolph Davis</b><br><b>3207 Southgreen Rd</b><br><b>Windsor Mill, MD 21244</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6917</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 920 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.169  | <b>Nonpriority creditor's name and mailing address</b><br><b>Norman Deal</b><br><b>3040 Salem Road</b><br><b>Parrottsville, TN 37843-2207</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6920</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit 917 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.170  | <b>Nonpriority creditor's name and mailing address</b><br><b>Dorcas Delgado</b><br><b>7348 Van Grayson Loop</b><br><b>Fayetteville, NC 28314</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6922</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 910 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.171  | <b>Nonpriority creditor's name and mailing address</b><br><b>Belinda Deline</b><br><b>113 Parsons Mill Lane</b><br><b>Columbia, SC 29229</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6923</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
|--|--|--|
| Name _____   |  |  |
| 3.172  | <b>Nonpriority creditor's name and mailing address</b><br><b>Matthew Dell'Orso</b><br><b>1907 Belleville Drive, NE</b><br><b>Leesburg, VA 20176</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6924</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 918 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.173  | <b>Nonpriority creditor's name and mailing address</b><br><b>Rex Delph</b><br><b>6514 Tazewell Pike</b><br><b>Knoxville, TN 37918</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6925</u>                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 909 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.174  | <b>Nonpriority creditor's name and mailing address</b><br><b>Robert Demarest, Jr.</b><br><b>8028 Long Drive Dr.</b><br><b>Port Saint Lucie, FL 34952</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6926</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 901 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.175  | <b>Nonpriority creditor's name and mailing address</b><br><b>Etta DeRizzio</b><br><b>335 S 10th Avenue</b><br><b>Mount Vernon, NY 10550</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6927</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit 921 (Annual Float)</b><br><b>Unit Type: 1BD; Unit 920 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.176  | <b>Nonpriority creditor's name and mailing address</b><br><b>Norris Detter</b><br><b>4761 Sand Clay Rd</b><br><b>Hickory, NC 28602</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6928</u>                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 921 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.177  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jana Dew</b><br><b>127 Woodland Dr</b><br><b>Chester, SC 29706</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6929</u>                          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 904 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |



| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.178  | <b>Nonpriority creditor's name and mailing address</b><br><b>Willie Dexter</b><br><b>2823 Ridgeview Dr</b><br><b>Augusta, GA 30909</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6930</u>                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 902 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes     |
| 3.179  | <b>Nonpriority creditor's name and mailing address</b><br><b>Victor Diaz, III</b><br><b>7534 Dr. Hector P Garcia Dr</b><br><b>Corpus Christi, TX 78414</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6931</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 1114 (Biennial Points)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.180  | <b>Nonpriority creditor's name and mailing address</b><br><b>Barbie Dillard</b><br><b>153 Arrow Point Rd</b><br><b>Jackson, GA 30233</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6932</u>                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 911 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.181  | <b>Nonpriority creditor's name and mailing address</b><br><b>Melvin Dixon</b><br><b>165 Boyd St</b><br><b>Winterville, NC 28590</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6933</u>                        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 902 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.182  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ronald Dobbins</b><br><b>PO Box 1071</b><br><b>Pocono Pines, PA 18350</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6934</u>                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 903 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      |
| 3.183  | <b>Nonpriority creditor's name and mailing address</b><br><b>Sokpheak Doeung</b><br><b>4608 Bolen Huse Road</b><br><b>Memphis, TN 38128</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6935</u>                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit: 916 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes     |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
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| Name _____   |  |  |
| 3.184  | <b>Nonpriority creditor's name and mailing address</b><br><b>Dennis Donnelly</b><br><b>633 Garfield St</b><br><b>Heidelberg, PA 15106</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6937</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 921 (Annual Float)</b><br><b>Unit Type: 1 BD; Unit: 921 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.185  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jocelyn Doyon</b><br><b>901 Des Merises</b><br><b>Levis, QC</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6940</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 916 (Annual Points)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.186  | <b>Nonpriority creditor's name and mailing address</b><br><b>Gloria Draughon</b><br><b>1105 Athens Dr</b><br><b>Raleigh, NC 27606</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6941</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 903 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.187  | <b>Nonpriority creditor's name and mailing address</b><br><b>Donna Drennen</b><br><b>104 Poplin Place</b><br><b>Clover, SC 29710</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6942</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 1103 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.188  | <b>Nonpriority creditor's name and mailing address</b><br><b>George Dry, IV</b><br><b>20829 Ridgecrest Rd</b><br><b>Locust, NC 28097</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6944</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 901 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.189  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kristin Duncan</b><br><b>c/o US Consumer Attorneys-Henry Portner</b><br><b>1300 N Johnson Ave, Ste 107</b><br><b>El Cajon, CA 92020</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6946</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 1120 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
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| Name _____   |  |  |
| 3.190  | <b>Nonpriority creditor's name and mailing address</b><br><b>Russell Duncan</b><br><b>294 Greenlee Rd</b><br><b>Marion, NC 28752</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6947</u>                             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 921 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.191  | <b>Nonpriority creditor's name and mailing address</b><br><b>Steven Durham</b><br><b>1123 Blue Stem Dr</b><br><b>Unit 30A</b><br><b>Pawleys Island, SC 29585</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6949</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 912 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.192  | <b>Nonpriority creditor's name and mailing address</b><br><b>Harriet Durrwachter</b><br><b>16839 Petmar Cir</b><br><b>Hagerstown, MD 21742</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6950</u>                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 917 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.193  | <b>Nonpriority creditor's name and mailing address</b><br><b>Terry Durst</b><br><b>4190 E Palm Cyn Drive</b><br><b>Palm Springs, CA 92264</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>0577</u>                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 915 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.194  | <b>Nonpriority creditor's name and mailing address</b><br><b>E. Dusin</b><br><b>3 Corey Pl</b><br><b>Manhattan, KS 66502</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6951</u>                                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 919 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.195  | <b>Nonpriority creditor's name and mailing address</b><br><b>Laura Dyal</b><br><b>1060 Saluda River Rd</b><br><b>Silverstreet, SC 29145</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6952</u>                      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 906 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
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| Name _____   |   |  |
| 3.196  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ann Dyjak</b><br><b>77 Steven Pl</b><br><b>Smithtown, NY 11787</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6953</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 918 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.197  | <b>Nonpriority creditor's name and mailing address</b><br><b>Gregory Dykes</b><br><b>6310 High Dr</b><br><b>Knoxville, TN 37921</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6954</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 1114 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.198  | <b>Nonpriority creditor's name and mailing address</b><br><b>Herman Eagle</b><br><b>213W W 21st Street</b><br><b>Kannapolis, NC 28081</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6955</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 909 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.199  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Earnshaw</b><br><b>255 Taipei Island Ln</b><br><b>Leesburg, FL 34788</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7662</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 908 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.200  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kimberly Eaton</b><br><b>c/o Mitchell Reed Sussman</b><br><b>1053 S. Palm Canyon Dr</b><br><b>Palm Springs, CA 92264</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6956</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 918 (Annual Float)</b><br><b>Unit Type: 1 BD; Unit: 919 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
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| Name _____   |   |   |
| 3.201  | <b>Nonpriority creditor's name and mailing address</b><br><b>Crystal Eddy</b><br><b>PO Box 8264</b><br><b>Springfield, MO 65801</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>5014</u>                           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 906 (Biannual Float)</u><br><b>Unit Type:</b> <u>STU; Unit 909 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.202  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ojoma Edeh Herr</b><br><b>6 Leaman Rd</b><br><b>Lancaster, PA 17603</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7100</u>                          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 1114 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 1115 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.203  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michael Edmunds</b><br><b>1915 Parlow Drive</b><br><b>Richmond, VA 23222</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6958</u>                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1106 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.204  | <b>Nonpriority creditor's name and mailing address</b><br><b>Christopher Edwards</b><br><b>PO Box 207</b><br><b>CMR 411, Box 5891</b><br><b>APO, AE 09112</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6959</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 1114 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 1115 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.205  | <b>Nonpriority creditor's name and mailing address</b><br><b>Richard Edwards</b><br><b>138 Bransetter Rd</b><br><b>Cave City, KY 42127</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6960</u>                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
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| Name _____   |   |  |
| 3.206  | <b>Nonpriority creditor's name and mailing address</b><br><b>Sheila Edwards</b><br><b>1695 Silver Meadow Cir</b><br><b>Colorado Springs, CO 80951</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6961</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 911 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.207  | <b>Nonpriority creditor's name and mailing address</b><br><b>Suzanne Ellers</b><br><b>56 Crawford Manor Dr</b><br><b>Toccoa, GA 30577</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6963</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.208  | <b>Nonpriority creditor's name and mailing address</b><br><b>Roy Ellison</b><br><b>80 Vermont Ave</b><br><b>Newark, NJ 07106</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6964</u>                      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.209  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kenneth Elmore</b><br><b>2615 Trufield Dr</b><br><b>Sumter, SC 29153</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6965</u>                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.210  | <b>Nonpriority creditor's name and mailing address</b><br><b>Daniel Elyard</b><br><b>11788 Melrose Ave</b><br><b>Greencastle, PA 17225</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6966</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 901 (Annual Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.211  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ryan England</b><br><b>801 Avenue F</b><br><b>El Campo, TX 77437</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6967</u>                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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| Debtor | <b>Sand Castle South Timeshare Owners Association, Inc.</b><br>Name _____ | Case number (if known) _____ |
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| 3.212 | Nonpriority creditor's name and mailing address<br><b>Charles Evans</b><br><b>20 Gerru Ct</b><br><b>Taylors, SC 29687</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6973</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: STU; Unit: 904 (Biennial Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.213 | Nonpriority creditor's name and mailing address<br><b>Nikkie Evans</b><br><b>1640 Dinwiddie Ct</b><br><b>Petersburg, VA 23803</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6975</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: 1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.214 | Nonpriority creditor's name and mailing address<br><b>Rich Evans</b><br><b>PO Box 95</b><br><b>Grayson, KY 41143</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6976</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: STU; Unit: 1103 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.215 | Nonpriority creditor's name and mailing address<br><b>Erica Everette</b><br><b>124 Polly Cir</b><br><b>Angier, NC 27501</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6977</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: 1 BD; Unit: 921 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.216 | Nonpriority creditor's name and mailing address<br><b>Michael Evola</b><br><b>3101 Blackburn Dr</b><br><b>Waxhaw, NC 28173</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6978</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: 1 BD; Unit: 915 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.217 | Nonpriority creditor's name and mailing address<br><b>Clair Fairbrother</b><br><b>10650 Davis Hollow Rd</b><br><b>Cohocton, NY 14826</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6980</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: 1BD; Unit: 918 (Biannual Float)</u><br><u>Unit Type: STU; Unit: 909 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
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| Name _____   |  |  |
| 3.218  | <b>Nonpriority creditor's name and mailing address</b><br><b>Angel Fairley</b><br><b>622 Saratoga Drive</b><br><b>Alpharetta, GA 30096</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6981</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 911 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.219  | <b>Nonpriority creditor's name and mailing address</b><br><b>Sanders Fairley</b><br><b>333 W Rockingham Rd</b><br><b>Maxton, NC 28364</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6982</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 903 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.220  | <b>Nonpriority creditor's name and mailing address</b><br><b>Frank Faith</b><br><b>6072 E 1550 N</b><br><b>Elnora, IN 47529</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6983</u>                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 907 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.221  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Farris</b><br><b>5794 Highway 9</b><br><b>Nichols, SC 29581</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6984</u>               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 918 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.222  | <b>Nonpriority creditor's name and mailing address</b><br><b>Nehemiah Fedd</b><br><b>1919 W Highland Ave</b><br><b>Albany, GA 31707</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6985</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 1118 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.223  | <b>Nonpriority creditor's name and mailing address</b><br><b>Yushanda Felder</b><br><b>917 Presidential Drive</b><br><b>Orangeburg, SC 29115</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6986</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1-BD; Unit: 917 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |



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| Debtor | <b>Sand Castle South Timeshare Owners Association, Inc.</b><br><small>Name</small> | Case number (if known) _____ |
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| 3.224 | <b>Nonpriority creditor's name and mailing address</b><br><b>Delphine Ferguson</b><br><b>111 N 3rd Avenue</b><br><b>Apt 4P</b><br><b>Mount Vernon, NY 10550</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6988</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 910 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.225 | <b>Nonpriority creditor's name and mailing address</b><br><b>Daniel Fett</b><br><b>714 Lovechio Dr</b><br><b>Mishawaka, IN 46544</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6989</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 1114 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.226 | <b>Nonpriority creditor's name and mailing address</b><br><b>Jason Fields</b><br><b>11336 McCauliff Ct</b><br><b>Richmond, VA 23236</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7567</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 907 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.227 | <b>Nonpriority creditor's name and mailing address</b><br><b>Lisa Fields</b><br><b>PO Box 24</b><br><b>Norton, VA 24273</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6990</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 905 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.228 | <b>Nonpriority creditor's name and mailing address</b><br><b>Billy Fife, Jr.</b><br><b>109 Hollingsworth Dr</b><br><b>Grovetown, GA 30813</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6991</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 909 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.229 | <b>Nonpriority creditor's name and mailing address</b><br><b>Paul Finch</b><br><b>181 Paoli Rd</b><br><b>Carlton, GA 30627</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6993</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 908 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known)  |
|--|---|---|
| Name   |   |   |
| 3.230  | <b>Nonpriority creditor's name and mailing address</b><br><b>Randy Findley</b><br><b>5841 Redhawk Dr</b><br><b>New Port Richey, FL 34655</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6994</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 902 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes     |
| 3.231  | <b>Nonpriority creditor's name and mailing address</b><br><b>Erica Fisher</b><br><b>308 Wrayhill Dr</b><br><b>Charlotte, NC 28262</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7383</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1103 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.232  | <b>Nonpriority creditor's name and mailing address</b><br><b>Calvin Fleming</b><br><b>PO Box 1039</b><br><b>Matthews, NC 28104</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6995</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 908 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.233  | <b>Nonpriority creditor's name and mailing address</b><br><b>Raymond Fletcher</b><br><b>407 Fletcher Rd</b><br><b>Boiling Springs, SC 29316</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6996</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1103 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.234  | <b>Nonpriority creditor's name and mailing address</b><br><b>Joe Flowers</b><br><b>5420 Danby Ave</b><br><b>Oxon Hill, MD 20745</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6997</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 918 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.235  | <b>Nonpriority creditor's name and mailing address</b><br><b>David Foltz</b><br><b>PO Box 513</b><br><b>Stanley, VA 22851</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6998</u>                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known)   |
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| Name   |  |  |
| 3.236  | <b>Nonpriority creditor's name and mailing address</b><br><b>Joshua Ford</b><br><b>234 Weslo Dr</b><br><b>Kernersville, NC 27284</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6999</u>                         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 1103 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.237  | <b>Nonpriority creditor's name and mailing address</b><br><b>Monte Forte</b><br><b>PO Box 574</b><br><b>Roseboro, NC 28382</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7000</u>                               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 905 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.238  | <b>Nonpriority creditor's name and mailing address</b><br><b>Je'Renia Foster</b><br><b>2015 Great Bend Dr</b><br><b>Durham, NC 27704</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7002</u>                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 906 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.239  | <b>Nonpriority creditor's name and mailing address</b><br><b>Felicia Foulks</b><br><b>142 Pacific Blvd</b><br><b>Monessen, PA 15062</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7003</u>                      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 901 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.240  | <b>Nonpriority creditor's name and mailing address</b><br><b>Aaron Fowler</b><br><b>4421 US Highway 64 W</b><br><b>Mocksville, NC 27028</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7556</u>                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 909 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.241  | <b>Nonpriority creditor's name and mailing address</b><br><b>Nelson Fowler</b><br><b>1800 Roundhill Rd</b><br><b>Apt 1601</b><br><b>Charleston, WV 25314</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7004</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 921 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
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| Name _____   |   |  |
| 3.242  | <b>Nonpriority creditor's name and mailing address</b><br><b>Melvin Fox</b><br><b>5213 Patrick Ln</b><br><b>Wilson, NC 27893</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7005</u>                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 920 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit 921 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.243  | <b>Nonpriority creditor's name and mailing address</b><br><b>Patrick Froncek</b><br><b>P.O. Box 178</b><br><b>North Apollo, PA 15673</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7008</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.244  | <b>Nonpriority creditor's name and mailing address</b><br><b>Christen Frye</b><br><b>8170 Two Mile Rd</b><br><b>Lynchburg, SC 29080</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7009</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.245  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jessica Fuller</b><br><b>326 Dalton Gang Aly</b><br><b>Townville, SC 29689</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7010</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.246  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ted Furr, Jr.</b><br><b>2426 Old Camden Monroe Hwy</b><br><b>Lancaster, SC 29720</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7012</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 920 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.247  | <b>Nonpriority creditor's name and mailing address</b><br><b>Evelyn Gaddy</b><br><b>3249 Maple Grove Church Rd</b><br><b>Resaca, GA 30735</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7013</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known)  |
|--|---|---|
| Name   |   |   |
| 3.248  | <b>Nonpriority creditor's name and mailing address</b><br><b>Amy Gage</b><br><b>309 Valley Road</b><br><b>East Bend, NC 27018</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7014</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 906 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.249  | <b>Nonpriority creditor's name and mailing address</b><br><b>Stanley Gales</b><br><b>5201 Peppercorn St</b><br><b>Durham, NC 27704</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7017</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit: 901 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.250  | <b>Nonpriority creditor's name and mailing address</b><br><b>Susan Ganson</b><br><b>4330 Witherow Rd</b><br><b>Winston Salem, NC 27106</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7018</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit: 1118 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.251  | <b>Nonpriority creditor's name and mailing address</b><br><b>Donna Ganza</b><br><b>1944 Fargo</b><br><b>Des Plaines, IL 60018</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7019</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 1115 (Biannual Float)</b><br><b>Unit Type: STU; Unit 1114 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.252  | <b>Nonpriority creditor's name and mailing address</b><br><b>Allen Garner</b><br><b>1626 White Rd</b><br><b>Wilmington, NC 28405</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7020</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 902 (Biennial Points)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.253  | <b>Nonpriority creditor's name and mailing address</b><br><b>Christy Garrett</b><br><b>7757 Morgan Creek Rd SE</b><br><b>Leland, NC 28451</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7021</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 906 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known)  |
|--|--|---|
| Name   |  |   |
| 3.254  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Gaulding</b><br><b>59 Club House Rd</b><br><b>Enigma, GA 31749</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7022</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.255  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ted Gean</b><br><b>11903 Broadmoor Ln</b><br><b>Upper Marlboro, MD 20772</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7023</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.256  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jerry Gee, III</b><br><b>802 Highway 212</b><br><b>Covington, GA 30016</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7024</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1116 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.257  | <b>Nonpriority creditor's name and mailing address</b><br><b>Sherry Williams Gee</b><br><b>163 Highgrove Court</b><br><b>Raeford, NC 28376</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7025</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.258  | <b>Nonpriority creditor's name and mailing address</b><br><b>Charles George</b><br><b>5727 Jubilant Dr</b><br><b>Rex, GA 30273</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7026</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 911 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.259  | <b>Nonpriority creditor's name and mailing address</b><br><b>Tina Gerbino</b><br><b>821 Erie St</b><br><b>Ronkonkoma, NY 11779</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7027</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 1115 (Annual Float)</u><br><b>Unit Type:</b> <u>STU; Unit: 1114 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.260  | <b>Nonpriority creditor's name and mailing address</b><br><b>Bonnie Goard</b><br><b>154 Via Mountain Ln</b><br><b>Patrick Springs, VA 24133</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7032</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1110 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.261  | <b>Nonpriority creditor's name and mailing address</b><br><b>Carlisle Goforth, Jr.</b><br><b>231 Smithfield Cir</b><br><b>Elgin, SC 29045</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7034</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 921 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.262  | <b>Nonpriority creditor's name and mailing address</b><br><b>Richard Goodwin</b><br><b>236 Paynetown Rd</b><br><b>Mount Airy, NC 27030</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7037</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1107 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.263  | <b>Nonpriority creditor's name and mailing address</b><br><b>Christopher Gordon</b><br><b>10317 Mahonia St, Unit 102</b><br><b>Charlotte, NC 28277</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7038</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.264  | <b>Nonpriority creditor's name and mailing address</b><br><b>Benny Graham</b><br><b>352 Woodland Meadows Dr</b><br><b>Mills River, NC 28759</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7039</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 914 (Annual Float)</u><br><b>Unit Type:</b> <u>1BD; Unit 915 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.265  | <b>Nonpriority creditor's name and mailing address</b><br><b>Josy Graham</b><br><b>c/o US Consumer Attorneys-Henry Portner</b><br><b>1300 N. Johnson Ave, Ste 107</b><br><b>El Cajon, CA 92020</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7040</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1115 (Annual Float)</u><br><b>Unit Type:</b> <u>STU; Unit 1114 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.266  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Graves</b><br><b>2345 E 900 N</b><br><b>Decatur, IN 46733</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7041</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.267  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jacqueline Green</b><br><b>PO Box 1061</b><br><b>Holly Springs, NC 27519</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7043</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.268  | <b>Nonpriority creditor's name and mailing address</b><br><b>Derrick Greene</b><br><b>3849 Wolverton Circle</b><br><b>Lithonia, GA 30038</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7044</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.269  | <b>Nonpriority creditor's name and mailing address</b><br><b>Joseph Gregory</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7046</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 1101 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.270  | <b>Nonpriority creditor's name and mailing address</b><br><b>Monique Gregory</b><br><b>PO Box 1403</b><br><b>Saint Stephen, SC 29479</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7047</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |



| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
|--|---|--|
| Name _____   |   |  |
| 3.271  | <b>Nonpriority creditor's name and mailing address</b><br><b>Stanley Griffin</b><br><b>1192 Slate Rd</b><br><b>King, NC 27021</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7049</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 919 (Annual Float)</b><br><b>Unit Type: STU; Unit: 905 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.272  | <b>Nonpriority creditor's name and mailing address</b><br><b>Susan Griffin</b><br><b>4497 Highway 382 W</b><br><b>Ellijay, GA 30540</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7050</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 910 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.273  | <b>Nonpriority creditor's name and mailing address</b><br><b>William Griffith</b><br><b>2221 Mendota Rd</b><br><b>Hiltons, VA 24258</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7051</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 1121 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.274  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Groce, Jr.</b><br><b>43 Eden Glen Rd</b><br><b>Black Mountain, NC 28711</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7052</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 902 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.275  | <b>Nonpriority creditor's name and mailing address</b><br><b>Terry Grove</b><br><b>c/o Mitchell Ree Sussman &amp; Associates</b><br><b>1053 S. Palm Canyon Drive</b><br><b>Palm Springs, CA 92264</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7053</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit 1115 (Biannual Float)</b><br><b>Unit Type: STU; Unit 1114 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
|--|--|--|
| Name _____   |  |  |
| 3.276  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Guadalupe</b><br><b>16411 N 170th Ln</b><br><b>Surprise, AZ 85388</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7054</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 902 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.277  | <b>Nonpriority creditor's name and mailing address</b><br><b>Leonard Gunn, Jr.</b><br><b>929 S Woodstone Ln</b><br><b>Nashville, TN 37211</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7055</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 919 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.278  | <b>Nonpriority creditor's name and mailing address</b><br><b>Nick Gurick</b><br><b>7207 Flower Tuft Ct</b><br><b>Springfield, VA 22153</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7057</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 904 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.279  | <b>Nonpriority creditor's name and mailing address</b><br><b>Melissa Latoria Hairston</b><br><b>226 Parkland Dr</b><br><b>Danville, VA 24540</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7059</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 901 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.280  | <b>Nonpriority creditor's name and mailing address</b><br><b>Timothy Hairston</b><br><b>145 Vernon Ln</b><br><b>Axton, VA 24054</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7060</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 910 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.281  | <b>Nonpriority creditor's name and mailing address</b><br><b>Gary Hall</b><br><b>RR 1 Box 150-5</b><br><b>Bluefield, WV 24701</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7061</u>                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 919 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
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| Name _____   |  |   |
| 3.282  | <b>Nonpriority creditor's name and mailing address</b><br><b>Wanda Hall</b><br><b>PO Box 824</b><br><b>339 Country Haven Dr</b><br><b>Ridgeway, VA 24148</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7063</u>               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.283  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kevin Hammond</b><br><b>18703 McLin Rd</b><br><b>Livingston, LA 70754</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7065</u>                                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.284  | <b>Nonpriority creditor's name and mailing address</b><br><b>Marion Hammond</b><br><b>c/o Neally Law</b><br><b>122 Park Central Square</b><br><b>Springfield, MO 65806</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7066</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1103 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.285  | <b>Nonpriority creditor's name and mailing address</b><br><b>David Hanner</b><br><b>760 Salem Rd</b><br><b>Scranton, SC 29591</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7067</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 917 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.286  | <b>Nonpriority creditor's name and mailing address</b><br><b>Earl Hanvey, Jr.</b><br><b>2200 Stuart Avenue</b><br><b>Suffolk, VA 23434</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7068</u>                                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 1103 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.287  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jerome Hardy</b><br><b>1601 4th St NE Apt. 31</b><br><b>Hickory, NC 28601</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7070</u>                                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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| Debtor | <b>Sand Castle South Timeshare Owners Association, Inc.</b><br>Name _____ | Case number (if known) _____ |
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| 3.288 | Nonpriority creditor's name and mailing address<br><b>Lisa Hargraves</b><br><b>7681 N. Main St</b><br><b>PO Box 156</b><br><b>Kanona, NY 14856</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7071</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b><u>NOTICE PURPOSES ONLY</u></b><br><b><u>Unit Type: STU; Unit: 902 (Biannual Float)</u></b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.289 | Nonpriority creditor's name and mailing address<br><b>John Harkness</b><br><b>12216 Saint Andrew's Way</b><br><b>Fenton, MI 48430</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7072</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b><u>NOTICE PURPOSES ONLY</u></b><br><b><u>Unit Type: 1 BD; Unit: 1116 (Biannual Float)</u></b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.290 | Nonpriority creditor's name and mailing address<br><b>Grady Harmon</b><br><b>5007 Shaun Cir</b><br><b>Huntsville, AL 35811</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7073</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b><u>NOTICE PURPOSES ONLY</u></b><br><b><u>Unit Type: STU; Unit 909 (Biannual Float)</u></b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.291 | Nonpriority creditor's name and mailing address<br><b>Daniel Harris</b><br><b>100 Carnation Dr</b><br><b>Andrews, SC 29510</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7074</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b><u>NOTICE PURPOSES ONLY</u></b><br><b><u>Unit Type: STU; Unit 904 (Biannual Float)</u></b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.292 | Nonpriority creditor's name and mailing address<br><b>Ernest Harris</b><br><b>110 Concord Dr Apt 10</b><br><b>Greenville, NC 27834</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7075</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b><u>NOTICE PURPOSES ONLY</u></b><br><b><u>Unit Type: STU; Unit 912 (Biannual Float)</u></b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.293 | Nonpriority creditor's name and mailing address<br><b>Lateasha Harris</b><br><b>PO Box 3572</b><br><b>Sumter, SC 29151</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7076</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b><u>NOTICE PURPOSES ONLY</u></b><br><b><u>Unit Type: STU; Unit: 905 (Biannual Float)</u></b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known)  |
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| Name   |  |   |
| 3.294  | <b>Nonpriority creditor's name and mailing address</b><br><b>Stephen Harvilla</b><br><b>1611 Antler Ave</b><br><b>Owensboro, KY 42303</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7079</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 1114 (Biennial Points)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.295  | <b>Nonpriority creditor's name and mailing address</b><br><b>Charles Hatcher, Sr.</b><br><b>72 Hilendale Street</b><br><b>Rochester, NY 14619</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7080</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit 1115 (Biannual Float)</b><br><b>Unit Type: STU; Unit 1114 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.296  | <b>Nonpriority creditor's name and mailing address</b><br><b>Larry Hatley</b><br><b>22461 Oakwood Rd</b><br><b>Albemarle, NC 28001</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7081</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit: 1115 (Biannual Float)</b><br><b>Unit Type: STU; Unit 1114 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.297  | <b>Nonpriority creditor's name and mailing address</b><br><b>Frank Hawkins</b><br><b>248 Walcott Drive</b><br><b>Lyman, SC 29365</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7083</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit: 1116 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.298  | <b>Nonpriority creditor's name and mailing address</b><br><b>Elizabeth Hawks</b><br><b>166 Jill Farm Rd</b><br><b>Mount Airy, NC 27030</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7084</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 903 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
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| Name _____   |  |  |
| 3.299  | <b>Nonpriority creditor's name and mailing address</b><br><b>Tara Hawthorne</b><br><b>3204 Lawndle Dr Apt K</b><br><b>Greensboro, NC 27408</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7085</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><br><b>Unit Type:</b> <u>1 BD; Unit: 919 (Annual Float)</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.300  | <b>Nonpriority creditor's name and mailing address</b><br><b>Christine Haynes</b><br><b>118 Harvest Hill Trail</b><br><b>Lexington, SC 29072</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7086</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><br><b>Unit Type:</b> <u>STU; Unit 908 (Biannual Float)</u><br><b>Unit Type:</b> <u>1BD; Unit 920 (Biannual Float)</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.301  | <b>Nonpriority creditor's name and mailing address</b><br><b>Lance Heasley</b><br><b>516 N Main St</b><br><b>New Martinsville, WV 26155</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7088</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><br><b>Unit Type:</b> <u>STU; Unit: 914 (Biannual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit 915 (Biannual Float)</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.302  | <b>Nonpriority creditor's name and mailing address</b><br><b>Doris Heath</b><br><b>1911 Canal Dr NW</b><br><b>Wilson, NC 27896</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7089</u>               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><br><b>Unit Type:</b> <u>1BD; Unit: 1120 (Biannual Float)</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.303  | <b>Nonpriority creditor's name and mailing address</b><br><b>Neil Heddon</b><br><b>38105 Springwood Ave</b><br><b>Prairieville, LA 70769</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7090</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><br><b>Unit Type:</b> <u>1 BD; Unit 917 (Annual Float)</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.304  | <b>Nonpriority creditor's name and mailing address</b><br><b>Terry Helms</b><br><b>28025 Harwood Rd</b><br><b>New London, NC 28127</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7091</u>                           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 911 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.305  | <b>Nonpriority creditor's name and mailing address</b><br><b>Pamela Helton</b><br><b>4526 Mineral Spgs Mountain Rd</b><br><b>Connellys Springs, NC 28612</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7092</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 1106 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.306  | <b>Nonpriority creditor's name and mailing address</b><br><b>Gregory Henderson</b><br><b>3505 Coleman Dr, Apt. 10</b><br><b>Kinston, NC 28504</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7093</u>                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.307  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jared Hendrick</b><br><b>159 Meridian Ln</b><br><b>Hillsville, VA 24343</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7094</u>                         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 919 (Annual Float)</u><br><b>Unit Type:</b> <u>STU; Unit: 908 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.308  | <b>Nonpriority creditor's name and mailing address</b><br><b>Charles Henkey</b><br><b>224 Apollo Dr</b><br><b>Seneca, SC 29672</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7095</u>                               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 1116 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.309  | <b>Nonpriority creditor's name and mailing address</b><br><b>Bertram Henry</b><br><b>14212 Pear Tree Lane</b><br><b>Apt 41</b><br><b>Silver Spring, MD 20906</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7096</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 910 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known)  |
|--|--|---|
| Name   |  |   |
| 3.310  | <b>Nonpriority creditor's name and mailing address</b><br><b>Richard Henry</b><br><b>6217 Saybrooke Dr</b><br><b>Raleigh, NC 27616</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7098</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 910 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.311  | <b>Nonpriority creditor's name and mailing address</b><br><b>Shane Hewitt</b><br><b>61 Pecan Ave</b><br><b>Cheraw, SC 29520</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7101</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 915 (Biannual Float)</u><br><b>Unit Type:</b> <u>STU; Unit 914 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.312  | <b>Nonpriority creditor's name and mailing address</b><br><b>Thomas Hickie</b><br><b>1006 Woodridge Ln</b><br><b>Yadkinville, NC 27055</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7102</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 919 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.313  | <b>Nonpriority creditor's name and mailing address</b><br><b>Charles High</b><br><b>1201 Amber Pines Dr</b><br><b>Leland, NC 28451</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7103</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit: 915 (Biannual Float)</u><br><b>Unit Type:</b> <u>STU; Unit 914 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.314  | <b>Nonpriority creditor's name and mailing address</b><br><b>Fallon Hill</b><br><b>10 Brittle Creek Ln</b><br><b>Simpsonville, SC 29544</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7104</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |



| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.315  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Hill</b><br><b>7314 Thorngrove Pike</b><br><b>Knoxville, TN 37914</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7105</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 908 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.316  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michelle Hillman</b><br><b>1171 Cattail Point</b><br><b>Johnson City, TN 37601</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>3142</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.317  | <b>Nonpriority creditor's name and mailing address</b><br><b>Devonue Hinson</b><br><b>3685 Longtown Rd</b><br><b>Ridgeway, SC 29130</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7106</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 907 (Biannual Float)</u><br><b>Unit Type:</b> <u>! BD; Unit: 919 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.318  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kenneth Hobson</b><br><b>2700 Linda Ln</b><br><b>East Bend, NC 27018</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7108</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1101 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.319  | <b>Nonpriority creditor's name and mailing address</b><br><b>Anthony Hodges</b><br><b>2000 Wynnnton Rd, Apt F47</b><br><b>Columbus, GA 31906</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7110</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.320  | <b>Nonpriority creditor's name and mailing address</b><br><b>Christine M. Hodges</b><br><b>512 E Lake Ct</b><br><b>Woodstock, GA 30188</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7111</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

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|--------|---|------------------------------|
| Debtor | <b>Sand Castle South Timeshare Owners Association, Inc.</b><br>Name _____ | Case number (if known) _____ |
|--------|---|------------------------------|

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| 3.321 | Nonpriority creditor's name and mailing address<br><b>Joyce Hoffman</b><br><b>8405 Dunmore Dr, Apt. A</b><br><b>Huntersville, NC 28025</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7113</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><u><b>Unit Type: 1 BD; Unit: 917 (Annual Float)</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.322 | Nonpriority creditor's name and mailing address<br><b>Cynthia Holder</b><br><b>27 Francis St</b><br><b>Westfield, MA 01085</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7114</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><u><b>Unit Type: 1 BD; Unit: 916 (Biannual Float)</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.323 | Nonpriority creditor's name and mailing address<br><b>Segee Holley</b><br><b>111 Cockfield St</b><br><b>Pamplico, SC 29583</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7221</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><u><b>Unit Type: STU; Unit 908 (Biannual Float)</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.324 | Nonpriority creditor's name and mailing address<br><b>Azeem Holman</b><br><b>624 2nd St. Pl. SW</b><br><b>Conover, NC 28613</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7116</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><u><b>Unit Type: 1 BD; Unit 920 (Annual Float)</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.325 | Nonpriority creditor's name and mailing address<br><b>Jacquelyne Holman</b><br><b>1000 Belmont Park Dr</b><br><b>Union, KY 41091</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7117</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><u><b>Unit Type: 1BD; Unit: 1117 (Biannual Float)</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.326 | Nonpriority creditor's name and mailing address<br><b>Melissa Hoots</b><br><b>2180 Waterview Dr</b><br><b>Unit 133</b><br><b>North Myrtle Beach, SC 29582-9450</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7118</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><u><b>Unit Type: STU; Unit 1103 (Biannual Float)</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.327  | <b>Nonpriority creditor's name and mailing address</b><br><b>Eldon Hopkins, III</b><br><b>57 Burr Ave</b><br><b>Acushnet, MA 02743</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7120</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.328  | <b>Nonpriority creditor's name and mailing address</b><br><b>Reginald Hopkins</b><br><b>6651 Terrace Park Ct</b><br><b>Raleigh, NC 27616</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7119</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1116 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.329  | <b>Nonpriority creditor's name and mailing address</b><br><b>Tarrin Horne</b><br><b>1665 W Wall St</b><br><b>Wadesboro, NC 28170</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7121</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.330  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Howell</b><br><b>64 High St</b><br><b>Portsmouth, OH 45662</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7122</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.331  | <b>Nonpriority creditor's name and mailing address</b><br><b>Juanita Howell</b><br><b>200 Dog Pond Road</b><br><b>Seven Springs, NC 28578</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7123</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1104 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.332  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michael Hudson</b><br><b>796 Tulls Creek Rd</b><br><b>Moyock, NC 27958</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7124</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known)  |
|--|--|---|
| Name   |  |   |
| 3.333  | <b>Nonpriority creditor's name and mailing address</b><br><b>Sandy Huggins</b><br><b>16084 Lappin St</b><br><b>Detroit, MI 48205</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7125</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1103 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.334  | <b>Nonpriority creditor's name and mailing address</b><br><b>Gary Hughes</b><br><b>437 Fairfax Dr</b><br><b>Gastonia, NC 28056</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7126</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1112 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.335  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michelle Hughey</b><br><b>535 Old Ironworks Rd</b><br><b>Spartanburg, SC 29302</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7128</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit: 1118 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.336  | <b>Nonpriority creditor's name and mailing address</b><br><b>Darrell Hunt</b><br><b>309 Catawba Ave</b><br><b>Hickory, NC 28601</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>0856</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.337  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Hunter</b><br><b>1260 Woodvale Dr</b><br><b>Gallatin, TN 37066</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7129</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 908 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes     |
| 3.338  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ronald Hunter</b><br><b>6 Jordan Crest Ct</b><br><b>Simpsonville, SC 29681</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7130</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 910 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.339  | <b>Nonpriority creditor's name and mailing address</b><br><b>Dorothy Hurst</b><br><b>3853 Parwood Rd</b><br><b>Blythe, GA 30805</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7131</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.340  | <b>Nonpriority creditor's name and mailing address</b><br><b>Pearline Hutto</b><br><b>PO Box 172</b><br><b>Pageland, SC 29728</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7132</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit: 917 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.341  | <b>Nonpriority creditor's name and mailing address</b><br><b>Janis Ikaunieks</b><br><b>415 N Lexington Pkwy</b><br><b>De Forest, WI 53532</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7133</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 912 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.342  | <b>Nonpriority creditor's name and mailing address</b><br><b>Charles Isaac</b><br><b>333 Wexford Dr</b><br><b>Hinesville, GA 31313</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7134</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 917 (Biannual Float)</u><br><b>Unit Type:</b> <u>STU; Unit: 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.343  | <b>Nonpriority creditor's name and mailing address</b><br><b>Sandra Isenhour</b><br><b>98 Mosebrook Drive</b><br><b>Gladys, VA 24554</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7135</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1114 (Annual Float)</u><br><b>Unit Type:</b> <u>1BD; Unit 1115 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
|--|---|--|
| Name _____   |   |  |
| 3.344  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Jacks</b><br><b>354 Chime Bell Church Rd</b><br><b>Aiken, SC 29803</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7136</u>                           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 920 (Annual Float)</b><br><b>Unit Type: 1 BD; Unit: 921 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.345  | <b>Nonpriority creditor's name and mailing address</b><br><b>Allen Jackson</b><br><b>185 Jones Pond Rd</b><br><b>Polkton, NC 28135</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7137</u>                              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 906 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.346  | <b>Nonpriority creditor's name and mailing address</b><br><b>Charles Jackson</b><br><b>8000 Robincrest Ct, # C</b><br><b>Fuquay Varina, NC 27526</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7138</u>                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 907 (Annual Points)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.347  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jerry Jackson, Jr.</b><br><b>205 Tuscon Dr</b><br><b>Sumter, SC 29150</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7140</u>                              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 917 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.348  | <b>Nonpriority creditor's name and mailing address</b><br><b>Mary Jackson</b><br><b>c/o Shelby Law P.C.</b><br><b>116 N West Street</b><br><b>Lebanon, IN 46052</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7139</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 909 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.349  | <b>Nonpriority creditor's name and mailing address</b><br><b>Hubert Jacobs</b><br><b>135 Monica Rd</b><br><b>Orangeburg, SC 29118</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7141</u>                               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 1105 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.350  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kismith James</b><br><b>2843 Cobblestone St</b><br><b>Florence, SC 29506</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7142</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.351  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kimberly Jarrell</b><br><b>678 Citrus Petal Rd</b><br><b>Fuquay Varina, NC 27526</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>8708</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 919 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.352  | <b>Nonpriority creditor's name and mailing address</b><br><b>Omar Jenkins</b><br><b>337 Lynn Shores Dr</b><br><b>Virginia Beach, VA 23452</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7143</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 1101 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.353  | <b>Nonpriority creditor's name and mailing address</b><br><b>Johnson's Furniture Co.</b><br><b>3015 Bashor Road</b><br><b>Conway, SC 29526</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$608.22</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>Goods Provided</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.354  | <b>Nonpriority creditor's name and mailing address</b><br><b>Alice Johnson</b><br><b>96 Jerusalem Dr</b><br><b>Kingstree, SC 29556</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7146</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 914 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit 915 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.355  | <b>Nonpriority creditor's name and mailing address</b><br><b>Beth Johnson</b><br><b>406 Crystal Springs Rd</b><br><b>Graniteville, SC 29829</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7147</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 917 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.356  | <b>Nonpriority creditor's name and mailing address</b><br><b>Cheryl Johnson</b><br><b>7501 Riding Trail Rd</b><br><b>Charlotte, NC 28212</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7148</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 1115 (Annual Float)</u><br><b>Unit Type:</b> <u>STU; Unit: 1114 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.357  | <b>Nonpriority creditor's name and mailing address</b><br><b>Elvis Johnson</b><br><b>110 Lyndhurst St</b><br><b>Spartanburg, SC 29307</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7149</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 909 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.358  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Johnson</b><br><b>721 Milby Dr</b><br><b>Chesapeake, VA 23325</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7150</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.359  | <b>Nonpriority creditor's name and mailing address</b><br><b>Wanda Johnson</b><br><b>5470 Camp Creek Rd</b><br><b>Lancaster, SC 29720</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7151</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.360  | <b>Nonpriority creditor's name and mailing address</b><br><b>William Johnson</b><br><b>205 Cloniger Dr</b><br><b>Thomasville, NC 27360</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>0488</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1108 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.361  | <b>Nonpriority creditor's name and mailing address</b><br><b>Aaron Jolly</b><br><b>1001 County Home Rd</b><br><b>Taylorsville, NC 28681</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7153</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 919 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |



| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
|--|---|--|
| Name _____   |   |  |
| 3.362  | <b>Nonpriority creditor's name and mailing address</b><br><b>Gary Jones</b><br><b>PO Box 15483</b><br><b>Surfside, SC 29587</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7154</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 917 (Annual Float)</b><br><b>Unit Type: STU; Unit: 905 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.363  | <b>Nonpriority creditor's name and mailing address</b><br><b>Melondy Jones</b><br><b>1013 Meadow Oaks Dr</b><br><b>Hartsville, SC 29550</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7158</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 903 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.364  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michael Jones</b><br><b>140 Parkview Ter</b><br><b>Athens, WV 24712</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7160</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 902 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.365  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michael Jones</b><br><b>4823 Cedar Ave</b><br><b>Philadelphia, PA 19143</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7159</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 914 (Biannual Float)</b><br><b>Unit Type: 1 BD; Unit 915 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.366  | <b>Nonpriority creditor's name and mailing address</b><br><b>Rodrigus Jones</b><br><b>2665 Glenrose Hill</b><br><b>Atlanta, GA 30341</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7161</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 902 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.367  | <b>Nonpriority creditor's name and mailing address</b><br><b>Sanford Jones</b><br><b>155 County Line Ct</b><br><b>Fayetteville, GA 30215</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7162</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.368  | <b>Nonpriority creditor's name and mailing address</b><br><b>Troy Jones</b><br><b>5500 Westcott Cir</b><br><b>Frederick, MD 21703</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7163</u>                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 921 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.369  | <b>Nonpriority creditor's name and mailing address</b><br><b>Emily Jordan</b><br><b>2903 Forest Hill Dr</b><br><b>Columbus, GA 31907</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7164</u>               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1117 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.370  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kimberly Jordan</b><br><b>1024 Bennett Road</b><br><b>Ellerbe, NC 28338</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7165</u>               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.371  | <b>Nonpriority creditor's name and mailing address</b><br><b>Robert Joyner, Jr.</b><br><b>1095 Reynolds Manor Dr</b><br><b>Winston Salem, NC 27107</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7166</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.372  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kaba Ilco Inc.</b><br><b>PO Box 896502</b><br><b>Charlotte, NC 28289</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____                        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$892.82</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> _____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

Debtor **Sand Castle South Timeshare Owners Association, Inc.** Case number (if known) \_\_\_\_\_  
Name

3.373 Nonpriority creditor's name and mailing address **Christine Kays**  
**1342 Old Princeton Rd**  
**New Castle, PA 16101**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number 7167  
As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **NOTICE PURPOSES ONLY**  
**Unit Type: 1 BD; Unit: 916 (Annual Float)**  
Is the claim subject to offset? ☒ No ☐ Yes

3.374 Nonpriority creditor's name and mailing address **Ventura Keels**  
**4120 Windmill Cir**  
**Randallstown, MD 21133**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number 7168  
As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **NOTICE PURPOSES ONLY**  
**Unit Type: 1 BD; Unit: 915 (Biannual Float)**  
**Unit Type: STUI; Unit: 914 (Biannual Float)**  
Is the claim subject to offset? ☒ No ☐ Yes

3.375 Nonpriority creditor's name and mailing address **Lucia Keiger**  
**147 McKendree Rd**  
**Mooreville, NC 28117**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number 7169  
As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **NOTICE PURPOSES ONLY**  
**Unit Type: 1 BD; Unit: 1115 (Biannual Float)**  
**Unit Type: STU; Unit: 1114 (Biannual Float)**  
Is the claim subject to offset? ☒ No ☐ Yes

3.376 Nonpriority creditor's name and mailing address **Benjie Keith**  
**2340 Seattle Bridges Rd**  
**Stoneville, NC 27048**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number 7171  
As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **NOTICE PURPOSES ONLY**  
**Unit Type: STU; Unit: 903 (Biannual Float)**  
Is the claim subject to offset? ☒ No ☐ Yes

3.377 Nonpriority creditor's name and mailing address **David Keith**  
**1775 Westchester Dr**  
**Apt # 116**  
**High Point, NC 27262**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number 7172  
As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **NOTICE PURPOSES ONLY**  
**Unit Type: 1 BD1; Unit: 919 (Annual Float)**  
**Unit Type: STU; Unit 903 (Annual Float)**  
Is the claim subject to offset? ☒ No ☐ Yes

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known)  |
|--|---|---|
| Name   |   |   |
| 3.378  | <b>Nonpriority creditor's name and mailing address</b><br><b>Donald Kelley</b><br><b>PO Box 58183</b><br><b>Charleston, WV 25358</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7173</u>                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1108 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.379  | <b>Nonpriority creditor's name and mailing address</b><br><b>Inez Kelly</b><br><b>13728 Marven Drive</b><br><b>North Huntingtor, PA 15642</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7174</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit: 1120 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.380  | <b>Nonpriority creditor's name and mailing address</b><br><b>Marvin Kemmerer</b><br><b>1774 Pertl Rd</b><br><b>Odessa, NY 14869</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7175</u>                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.381  | <b>Nonpriority creditor's name and mailing address</b><br><b>Joshua Kenyon</b><br><b>PO Box 2504</b><br><b>Acworth, GA 30083</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7176</u>                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 920 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.382  | <b>Nonpriority creditor's name and mailing address</b><br><b>Phil Kesterson, Sr.</b><br><b>6481 Leepers Ferry Rd</b><br><b>White Pine, TN 37890</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7177</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.383  | <b>Nonpriority creditor's name and mailing address</b><br><b>Brenda Key</b><br><b>1046 Outaways Rd</b><br><b>Aiken, SC 29803</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7178</u>                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known)  |
|--|--|---|
| Name   |  |   |
| 3.384  | <b>Nonpriority creditor's name and mailing address</b><br><b>Donald Key</b><br><b>5559 Leesville St</b><br><b>Trinity, NC 27370</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7179</u>                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 908 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.385  | <b>Nonpriority creditor's name and mailing address</b><br><b>Eloise Kiaku</b><br><b>2005 Bowman Ln</b><br><b>Raleigh, NC 27610</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7180</u>                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.386  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jesse Kiger, II</b><br><b>110 Work St</b><br><b>Paden City, WV 26159</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7181</u>                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.387  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kenneth Kimber</b><br><b>5518 Pebble Garden Ct</b><br><b>Greensboro, NC 27407</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7182</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.388  | <b>Nonpriority creditor's name and mailing address</b><br><b>Shonda King</b><br><b>2057 Shell Road</b><br><b>Riceboro, GA 31323</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7183</u>                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit: 916 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.389  | <b>Nonpriority creditor's name and mailing address</b><br><b>David Kinney</b><br><b>1340 Jacksonville Smithville Rd</b><br><b>Bordentown, NJ 08505</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7184</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 918 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.390  | <b>Nonpriority creditor's name and mailing address</b><br><b>George Kirby</b><br><b>1203 Cannon Bridge Rd</b><br><b>Cordova, SC 29039</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7185</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biennial Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.391  | <b>Nonpriority creditor's name and mailing address</b><br><b>Nicholas Kleifgen</b><br><b>930 21st Ave South</b><br><b>Wisconsin Rapids, WI 54495</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7186</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 920 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.392  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ronald Knipp</b><br><b>38 Amicus St</b><br><b>Taneytown, MD 21787</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7187</u>                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 901 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.393  | <b>Nonpriority creditor's name and mailing address</b><br><b>L. Kocher</b><br><b>459 Ross Road</b><br><b>Columbus, OH 43213</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7188</u>                      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 909 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.394  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Kohn</b><br><b>PO Box 178</b><br><b>Gorham, NY 14461</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7189</u>                           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.395  | <b>Nonpriority creditor's name and mailing address</b><br><b>Gregory Kranefuss</b><br><b>4917 Miranda Dr</b><br><b>Hope Mills, NC 28348</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7190</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.396  | <b>Nonpriority creditor's name and mailing address</b><br><b>Larry Krause</b><br><b>1076 Spiers Landing Rd</b><br><b>Cross, SC 29436</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7191</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 903 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.397  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kevin Kube</b><br><b>70 Tobacco Farm Way</b><br><b>Chapel Hill, NC 27516</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7192</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 919 (Annual Float)</b><br><b>Unit Type: STU; Unit: 909 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.398  | <b>Nonpriority creditor's name and mailing address</b><br><b>Lisa Kurowski</b><br><b>8071 Route 16</b><br><b>Franklinville, NY 14737</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7193</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 903 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.399  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Lajsic</b><br><b>8756 W Mallard Ct</b><br><b>Franklin, WI 53132</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7194</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 919 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.400  | <b>Nonpriority creditor's name and mailing address</b><br><b>Aaron Lambert</b><br><b>2521 S 68th St</b><br><b>Philadelphia, PA 19142</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7195</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 909 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.401  | <b>Nonpriority creditor's name and mailing address</b><br><b>Daniel Lambo, Jr.</b><br><b>8715 KY 1304</b><br><b>Girdler, KY 40943</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7196</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 901 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
|--|---|--|
| Name _____   |   |  |
| 3.402  | <b>Nonpriority creditor's name and mailing address</b><br><b>Patrick Landry</b><br><b>1308 Clan Campbell Dr</b><br><b>Raeford, NC 28376</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7197</u>                                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 917 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.403  | <b>Nonpriority creditor's name and mailing address</b><br><b>Gregory Lane</b><br><b>379 Nathan Dr</b><br><b>Lumberton, NC 28358</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7198</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.404  | <b>Nonpriority creditor's name and mailing address</b><br><b>Morgan Lane</b><br><b>284 College Avenue</b><br><b>Oshawa, ON</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7199</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit: 919 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.405  | <b>Nonpriority creditor's name and mailing address</b><br><b>LaTour Hotels &amp; Resorts, Inc.</b><br><b>One Vance Gap Road</b><br><b>Asheville, NC 28805</b><br>Date(s) debt was incurred <u>As of January 31, 2019</u><br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$61,414.98</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>Management Fees and reimbursable expenses</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                   |
| 3.406  | <b>Nonpriority creditor's name and mailing address</b><br><b>LaTour Hotels &amp; Resorts, Inc.</b><br><b>One Vance Gap Road</b><br><b>Asheville, NC 28805</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____                         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$75,000.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>Money loaned - Note payment due</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.407  | <b>Nonpriority creditor's name and mailing address</b><br><b>Felicia Lawrence</b><br><b>292 Partridge Rd</b><br><b>Orangeburg, SC 29118</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7202</u>                                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 911 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |



| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.408  | <b>Nonpriority creditor's name and mailing address</b><br><b>Cheyenne Lawson</b><br><b>PO Box 173</b><br><b>Sardinia, OH 45171</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7203</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 921 (Biannual Float)</b><br><b>Unit Type: 1 BD; Unit 921 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.409  | <b>Nonpriority creditor's name and mailing address</b><br><b>Geno Lawson</b><br><b>10017 S Forest</b><br><b>Chicago, IL 60628</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7204</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 1101 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.410  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Lawson, Sr.</b><br><b>6230 S Main St</b><br><b>Salisbury, NC 28147</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7205</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 905 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.411  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Le</b><br><b>2309 Oakhurst Trl</b><br><b>Hillsborough, NC 27278</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7208</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 903 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.412  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jesse Leake, Jr.</b><br><b>511 Latta Rd</b><br><b>Durham, NC 27712</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7209</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit 917 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.413  | <b>Nonpriority creditor's name and mailing address</b><br><b>Larry Lee, Jr.</b><br><b>2027 Indigo Drive</b><br><b>Richmond, KY 40475</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7211</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 1116 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known)  |
|--|--|---|
| Name   |  |   |
| 3.414  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michael Leininger</b><br><b>201 Westminster Way</b><br><b>Elyria, OH 44035</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7214</u>                          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 905 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.415  | <b>Nonpriority creditor's name and mailing address</b><br><b>Robert W. Lena</b><br><b>1340 North West 20th Ave</b><br><b>Apt #202</b><br><b>Boca Raton, FL 33445</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7215</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 915 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.416  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jessie Leonard</b><br><b>149 Titan Rd</b><br><b>Stockbridge, GA 30281</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7216</u>                               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 910 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.417  | <b>Nonpriority creditor's name and mailing address</b><br><b>Letitia Leonard</b><br><b>143 Morton Rd</b><br><b>Simpsonville, SC 29681</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>0231</u>                            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 905 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.418  | <b>Nonpriority creditor's name and mailing address</b><br><b>Calvin Lester</b><br><b>530 Beacon St</b><br><b>Camden, NJ 08105</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7217</u>                                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 909 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.419  | <b>Nonpriority creditor's name and mailing address</b><br><b>Darren Lewis</b><br><b>1917 Mills B Lane Blvd</b><br><b>Savannah, GA 31405</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7219</u>                          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 905 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
|--|--|--|
| Name _____   |  |  |
| 3.420  | <b>Nonpriority creditor's name and mailing address</b><br><b>Richard Lewis</b><br><b>5100 N Burning Bush Rd</b><br><b>Columbia, MO 65202</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7220</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.421  | <b>Nonpriority creditor's name and mailing address</b><br><b>Brad Lingerfelt</b><br><b>2915 High Peak Rd</b><br><b>Valdese, NC 28690</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>1519</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 905 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit 919 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.422  | <b>Nonpriority creditor's name and mailing address</b><br><b>Dennis Link</b><br><b>44 Gasper Rd</b><br><b>Grove City, PA 16127</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7226</u>                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 920 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 921 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.423  | <b>Nonpriority creditor's name and mailing address</b><br><b>Shyella Lisbon</b><br><b>103 Longpine Pl, Apt 2A</b><br><b>Windsor Mill, MD 21244</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7227</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 919 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.424  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Lockhart</b><br><b>513 Hillwood Cir</b><br><b>Augusta, GA 30909</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7229</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 910 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
|--|---|--|
| Name _____   |   |  |
| 3.425  | <b>Nonpriority creditor's name and mailing address</b><br><b>Billy Lockhart, Jr.</b><br><b>4618 Colonial Cir</b><br><b>Trinity, NC 27292</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7228</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.426  | <b>Nonpriority creditor's name and mailing address</b><br><b>Patrick Lockhart</b><br><b>4103 Laurel Creek Dr</b><br><b>Greensboro, NC 27405</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7230</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.427  | <b>Nonpriority creditor's name and mailing address</b><br><b>Billie Locklear</b><br><b>7323 Walters Rd</b><br><b>Laurel Hill, NC 28351</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7231</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.428  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Long</b><br><b>11 Mainee Ct</b><br><b>Owings Mills, MD 21117</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7234</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.429  | <b>Nonpriority creditor's name and mailing address</b><br><b>Steven Lowder</b><br><b>2272 E Springfield Place</b><br><b>Chandler, AZ 85286</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7237</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 915 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.430  | <b>Nonpriority creditor's name and mailing address</b><br><b>Todd Lowe</b><br><b>129 S Maple St</b><br><b> Mooresville, NC 28115</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7238</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 914 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.431  | <b>Nonpriority creditor's name and mailing address</b><br><b>Keith Lowery</b><br><b>PO Box 954</b><br><b>Ellenboro, NC 28040</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7239</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.432  | <b>Nonpriority creditor's name and mailing address</b><br><b>LR Rentals Real Estate, LLC</b><br><b>Attn: Woody Labar</b><br><b>820 2nd St#16</b><br><b>Cheney, WA 99004</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>9278</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1105 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.433  | <b>Nonpriority creditor's name and mailing address</b><br><b>Rogelio Lunch</b><br><b>1867 Bee Gee Rd</b><br><b>Lumberton, NC 28358</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7243</u>                                      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 901 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.434  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Lundy</b><br><b>2843 Tracy Terrace</b><br><b>Port Colborne, Ontario, L3K 5V3, Canada</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7240</u>                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 915 (Annual Float)</u><br><b>Unit Type:</b> <u>STU; Unit: 914 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.435  | <b>Nonpriority creditor's name and mailing address</b><br><b>Todd Lutkenhaus</b><br><b>1630 Vanderbilt Ct</b><br><b>Graham, NC 27253</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7241</u>                                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 914 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.436  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michael Lynch</b><br><b>2 E Croton Dr</b><br><b>Lake Carmel, NY 10512</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7242</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 915 (Annual Float)</u><br><b>Unit Type:</b> <u>STU; Unit 914 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.437  | <b>Nonpriority creditor's name and mailing address</b><br><b>Rosemary Lynch</b><br><b>510 Junction Place</b><br><b>The Villages, FL 32163-4043</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7244</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1104 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.438  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Lynd</b><br><b>11 Seiler Rd</b><br><b>Portsmouth, OH 45662</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7245</u>                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.439  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michael Lyons</b><br><b>206 Cloverdale Dr</b><br><b>Durham, NC 27703</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7246</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 1114 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.440  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ricky Lyons</b><br><b>222 Summit Park Ct</b><br><b>Kannapolis, NC 28083</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7247</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.441  | <b>Nonpriority creditor's name and mailing address</b><br><b>Lesley Lyttle</b><br><b>115 South Everett St</b><br><b>Bennettsville, SC 29512</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7248</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 1103 (Annual Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
|--|---|--|
| Name _____   |   |  |
| 3.442  | <b>Nonpriority creditor's name and mailing address</b><br><b>John MaCauley</b><br><b>208 Meadowbrook Drive</b><br><b>Seneca, SC 29678</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7275</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.443  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michael Madison</b><br><b>2367 Blackthorn Dr</b><br><b>Franklin, IN 46131-6811</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7250</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit: 919 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.444  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kimberly Magruder</b><br><b>5601 Dover St</b><br><b>Churchton, MD 20733</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7251</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 914 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit 915 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.445  | <b>Nonpriority creditor's name and mailing address</b><br><b>Alice Mahon</b><br><b>110 Crawford Rd</b><br><b>Gray Court, SC 29645</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7549</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1116 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.446  | <b>Nonpriority creditor's name and mailing address</b><br><b>Julie Maloney</b><br><b>6880 Garber Road</b><br><b>Knoxville, TN 37917-3250</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7252</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1116 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.447  | <b>Nonpriority creditor's name and mailing address</b><br><b>Steven Mangus</b><br><b>307 S Sandy Brook Way</b><br><b>Simpsonville, SC 29680</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7253</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 908 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.448  | <b>Nonpriority creditor's name and mailing address</b><br><b>Bryan Manion</b><br><b>593 McDermott Pond Creek Road</b><br><b>Mc Dermott, OH 45652</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7254</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.449  | <b>Nonpriority creditor's name and mailing address</b><br><b>Derek Manns</b><br><b>PO Box 511</b><br><b>Stokesdale, NC 27357</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7255</u>                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 914 (Biannual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit 915 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.450  | <b>Nonpriority creditor's name and mailing address</b><br><b>Meoshi Manns</b><br><b>1042 Charlotte Ln</b><br><b>Walnut Cove, NC 27052</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7256</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.451  | <b>Nonpriority creditor's name and mailing address</b><br><b>Sue Marks</b><br><b>109 Byrd Dr</b><br><b>Martinsburg, WV 25401</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7259</u>                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit: 915 (Annual Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.452  | <b>Nonpriority creditor's name and mailing address</b><br><b>Tiffany Marrow</b><br><b>2146 Charles St, Apt 53</b><br><b>Durham, NC 27707</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7260</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.453  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kimberly Marshall</b><br><b>615 E. Pacific Street</b><br><b>Springfield, MO 65803</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>5755</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1107 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |



| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.454  | <b>Nonpriority creditor's name and mailing address</b><br><b>Shaunita Marshall</b><br><b>11351 Beringer Ct</b><br><b>Waldorf, MD 20601</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7058</u>                        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 918 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.455  | <b>Nonpriority creditor's name and mailing address</b><br><b>Donna Martin</b><br><b>PO Box 1644</b><br><b>Hamlet, NC 28345</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7261</u>                                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 1101 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.456  | <b>Nonpriority creditor's name and mailing address</b><br><b>Geovonda Martin</b><br><b>200 Old Boiling Springs Rd, Apt D62</b><br><b>Greer, SC 29650</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7262</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.457  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Martin</b><br><b>6679 Shelter Bay Road, Unit 23</b><br><b>Mississauga, ON, L5N 2A2, Canada</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7263</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 1103 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.458  | <b>Nonpriority creditor's name and mailing address</b><br><b>Rosalie Martin</b><br><b>895 Laurel Ridge Rd</b><br><b>Reinholds, PA 17569</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7264</u>                       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biennial Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.459  | <b>Nonpriority creditor's name and mailing address</b><br><b>Rodney A. Mason</b><br><b>99 Hudson St, 5th Floor</b><br><b>New York, NY 10013</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7266</u>                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 917 (Annual Float)</u><br><b>Unit Type:</b> <u>STU; Unit 914 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
|--|---|--|
| Name _____   |   |  |
| 3.460  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michael Masotto</b><br><b>73 White Ave</b><br><b>Sharon, PA 16146</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7267</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 917 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.461  | <b>Nonpriority creditor's name and mailing address</b><br><b>Willie Mathis</b><br><b>2725 Spirit Creek Rd</b><br><b>Hephzibah, GA 30815</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7269</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.462  | <b>Nonpriority creditor's name and mailing address</b><br><b>Connie Mauldin</b><br><b>101 Sunset Dr</b><br><b>Mount Holly, NC 28120</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7270</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.463  | <b>Nonpriority creditor's name and mailing address</b><br><b>Lynn McAdams</b><br><b>1146 Annelle Dr</b><br><b>Florence, SC 29505</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7272</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 919 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.464  | <b>Nonpriority creditor's name and mailing address</b><br><b>Brian McCann</b><br><b>3 Lake Dr</b><br><b>Freeburg, IL 62243</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7274</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 911 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.465  | <b>Nonpriority creditor's name and mailing address</b><br><b>John McCauley</b><br><b>208 Meadowbrook Dr</b><br><b>Seneca, SC 29678</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7275</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
|--|---|--|
| Name _____   |   |  |
| 3.466  | <b>Nonpriority creditor's name and mailing address</b><br><b>David McCormick, Sr.</b><br><b>1828 Castleberry Rd</b><br><b>Clayton, NC 27527</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7276</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 914 (Biennial Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.467  | <b>Nonpriority creditor's name and mailing address</b><br><b>Christine McCracken</b><br><b>148B Idlewild Dr</b><br><b>Randleman, NC 27317</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7278</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 921 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.468  | <b>Nonpriority creditor's name and mailing address</b><br><b>Donna McCraw</b><br><b>320 Endless Dr</b><br><b>Greer, SC 29651</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7279</u>                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 917 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.469  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kevin McCray</b><br><b>307 Bald Eagle Ct</b><br><b>Moncks Corner, SC 29461</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7280</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 916 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.470  | <b>Nonpriority creditor's name and mailing address</b><br><b>W. Louis McDonald</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7282</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 909 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.471  | <b>Nonpriority creditor's name and mailing address</b><br><b>Glennis McElveen</b><br><b>820 King Ave. Florence</b><br><b>Florence, SC 29501</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7283</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 901 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes     |

| Debtor | Name  | Case number (if known)   |
|--------|---|--|
| 3.472  | <b>Nonpriority creditor's name and mailing address</b><br><b>Mary McIntosh</b><br><b>8328 Orleans Blvd</b><br><b>Union, KY 41091</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7284</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 918 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.473  | <b>Nonpriority creditor's name and mailing address</b><br><b>Joseph McJunkins</b><br><b>19 Zinglstrasse St</b><br><b>Montville, CT 06353</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7285</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 903 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.474  | <b>Nonpriority creditor's name and mailing address</b><br><b>James McKenna</b><br><b>3 Chase Ln</b><br><b>Sayville, NY 11782</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7286</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 1103 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.475  | <b>Nonpriority creditor's name and mailing address</b><br><b>Terry McKinney</b><br><b>1736 Denver Rd</b><br><b>Waverly, OH 45690</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7287</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 910 (Annual Float)</b><br><b>Unit Type: 1BD; Unit: 919 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.476  | <b>Nonpriority creditor's name and mailing address</b><br><b>Isaac McLaughlin</b><br><b>2532 Jeff St</b><br><b>Charlotte, NC 28205</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7288</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 902 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.477  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kim McLaughlin</b><br><b>1146 Rainbow Ln</b><br><b>Montvale, VA 24122</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7289</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 1103 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
|--|--|--|
| Name _____   |  |  |
| 3.478  | <b>Nonpriority creditor's name and mailing address</b><br><b>Lee McLean</b><br><b>9807 Possum Hollow Rd</b><br><b>Shippensburg, PA 17257</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7290</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 916 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.479  | <b>Nonpriority creditor's name and mailing address</b><br><b>Grantham McNeill</b><br><b>240 Covington Rd</b><br><b>Red Springs, NC 28377</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7292</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 902 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.480  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michael Means</b><br><b>4122 W Fork Ridge Dr</b><br><b>Batavia, OH 45103</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7293</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 1114 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.481  | <b>Nonpriority creditor's name and mailing address</b><br><b>Andrew Mears</b><br><b>205 Longview Dr</b><br><b>Abingdon, VA 24211</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7294</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 916 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.482  | <b>Nonpriority creditor's name and mailing address</b><br><b>Luz Mendez</b><br><b>1111 Village Green Dr</b><br><b>Angola, IN 46703</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7296</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 920 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.483  | <b>Nonpriority creditor's name and mailing address</b><br><b>Shelly Mercer-Jamison</b><br><b>30 Plains Road</b><br><b>Hamden, CT 06514</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7297</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit: 918 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.484  | <b>Nonpriority creditor's name and mailing address</b><br><b>Adam Merrell</b><br><b>11421 Iowa Cir</b><br><b>Omaha, NE 68142</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7298</u>                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 914 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 915 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.485  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jonathan Merritt</b><br><b>152 Ashbury Park Lane</b><br><b>Richlands, NC 28574</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7299</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.486  | <b>Nonpriority creditor's name and mailing address</b><br><b>Thomas Meta</b><br><b>8840 State Highway 198</b><br><b>Conneautville, PA 16406</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7300</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 921 (Annual Float)</u><br><b>Unit Type:</b> <u>STU; Unit: 910 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.487  | <b>Nonpriority creditor's name and mailing address</b><br><b>MHS Associates, LLC</b><br><b>PO Box 14178</b><br><b>Augusta, GA 30909</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7025</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1116 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.488  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michael Rubino</b><br><b>4160 State Route 5 #8</b><br><b>Frankfort, NY 13340</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7473</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit 918 (Annual Float)</u><br><b>Unit Type:</b> <u>STU; Unit 908 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known)   |
|--|--|--|
| Name   |  |  |
| 3.489  | <b>Nonpriority creditor's name and mailing address</b><br><b>Paul Mier</b><br><b>10150 E. Harvard Ave</b><br><b>Denver, CO 80231</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7301</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 909 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.490  | <b>Nonpriority creditor's name and mailing address</b><br><b>Juanita Miles</b><br><b>3824 Rural St</b><br><b>Rockford, IL 61107</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7302</u>               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.491  | <b>Nonpriority creditor's name and mailing address</b><br><b>DavidMiller</b><br><b>467 McDermott Pond Creek Rd</b><br><b>Mc Dermott, OH 45652</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7303</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.492  | <b>Nonpriority creditor's name and mailing address</b><br><b>DavidMiller</b><br><b>865 Crane Rd</b><br><b>Danville, VA 24540</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7304</u>                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.493  | <b>Nonpriority creditor's name and mailing address</b><br><b>Dorothy Miller</b><br><b>PO Box 364</b><br><b>High Shoals, NC 28077</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7305</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>OTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 917 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.494  | <b>Nonpriority creditor's name and mailing address</b><br><b>Grover Miller</b><br><b>1921 Calks Ferry Rd</b><br><b>Lexington, SC 29073</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7306</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
|--|--|--|
| Name _____   |  |  |
| 3.495  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Miller</b><br><b>PO Box 392</b><br><b>Jamestown, PA 16134</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7307</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 901 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.496  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kimberly Miller</b><br><b>712 Midstreams Rd</b><br><b>Brick, NJ 08724</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7308</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 1103 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.497  | <b>Nonpriority creditor's name and mailing address</b><br><b>Mick Miller</b><br><b>539 Wildflower Trail</b><br><b>Myrtle Beach, SC 29579</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7309</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 1103 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.498  | <b>Nonpriority creditor's name and mailing address</b><br><b>Lyle Miller, Sr.</b><br><b>PO Box 11185</b><br><b>Hickory, NC 28603</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>0489</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 907 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes     |
| 3.499  | <b>Nonpriority creditor's name and mailing address</b><br><b>Bill Mills</b><br><b>314 Curtis Drive</b><br><b>Sumter, SC 29153</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7310</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 1109 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.500  | <b>Nonpriority creditor's name and mailing address</b><br><b>Morgan Mills</b><br><b>PO Box 911</b><br><b>Stephens City, VA 22655</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7312</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 902 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |



| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.501  | <b>Nonpriority creditor's name and mailing address</b><br><b>Susie Mincey</b><br><b>1511 Marley Dr</b><br><b>Columbia, SC 29210</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7313</u>               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1101 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.502  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jon-Paul Miron</b><br><b>7 Switzer Crest</b><br><b>Binbrook, ON, L0R 1C0, Canada</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7314</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Annual Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.503  | <b>Nonpriority creditor's name and mailing address</b><br><b>Brent Mollette</b><br><b>7042 Tylerwood Ct</b><br><b>Milton, FL 32570</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7316</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1115 (Annual Float)</u><br><b>Unit Type:</b> <u>STU; Unit 1114 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.504  | <b>Nonpriority creditor's name and mailing address</b><br><b>Glenda Monroe</b><br><b>169 Julia T Rd</b><br><b>Saint Pauls, NC 28384</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7318</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.505  | <b>Nonpriority creditor's name and mailing address</b><br><b>Wayne Montague</b><br><b>3901 Turnberry Loop</b><br><b>Seneca, SC 29678</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7319</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.506  | <b>Nonpriority creditor's name and mailing address</b><br><b>Catherine Monte</b><br><b>6123 Woodridge Lane</b><br><b>Grand Blanc, MI 48439</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7320</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.507  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jeffrey Mooney</b><br><b>4629 Brooklawn St</b><br><b>Davidson, NC 28036</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7321</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><br><b>Unit Type:</b> <u>STU; Unit 908 (Biannual Float)</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.508  | <b>Nonpriority creditor's name and mailing address</b><br><b>Terrence Mooney</b><br><b>1821 N Marshall Rd</b><br><b>Middletown, OH 45042</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7322</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><br><b>Unit Type:</b> <u>STU; Unit: 911 (Biannual Float)</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.509  | <b>Nonpriority creditor's name and mailing address</b><br><b>Damitchell Moore</b><br><b>207 New Market St, Apt 7D</b><br><b>Greenwood, SC 29646</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>2082</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><br><b>Unit Type:</b> <u>STU; Unit 1103 (Biannual Float)</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.510  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Moore</b><br><b>529 Hunt St</b><br><b>Ashland, KY 41101</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7326</u>                      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><br><b>Unit Type:</b> <u>STU; Unit: 906 (Biannual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 917 (Biannual Float)</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.511  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jimmy Moore</b><br><b>111 Melville Ct</b><br><b>Mooreville, NC 28117</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7327</u>               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><br><b>Unit Type:</b> <u>1 BD; Unit 915 (Biannual Float)</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.512  | <b>Nonpriority creditor's name and mailing address</b><br><b>George Moore, Jr.</b><br><b>PO Box 65</b><br><b>Swansboro, NC 28584</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7325</u>                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biannual Float)</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
|--|--|--|
| Name _____   |  |  |
| 3.513  | <b>Nonpriority creditor's name and mailing address</b><br><b>Theresa Moore</b><br><b>752 Village Lane Dr SW</b><br><b>Marietta, GA 30060</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7328</u>                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 912 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit 917 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.514  | <b>Nonpriority creditor's name and mailing address</b><br><b>David Moorman, Jr.</b><br><b>347 Hammitt Rd</b><br><b>Bulls Gap, TN 37711</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7329</u>                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.515  | <b>Nonpriority creditor's name and mailing address</b><br><b>Annette Moosavi</b><br><b>PO Box 1731</b><br><b>Davidson, NC 28036</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7330</u>                            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.516  | <b>Nonpriority creditor's name and mailing address</b><br><b>Oswaldo Morales</b><br><b>245 Old Point Rd</b><br><b>Milford, CT 06460</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7331</u>                        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.517  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Morgan</b><br><b>120 Country Club Drive</b><br><b>Apt A</b><br><b>Elmira, NY 14905-1913</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7332</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 908 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known)  |
|--|--|---|
| Name   |  |   |
| 3.518  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jean Morrison</b><br><b>3369 Dolphin Dr</b><br><b>Blasdell, NY 14219</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7333</u>   | <b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim: NOTICE PURPOSES ONLY</b><br><b>Unit Type: 1 BD; Unit: 916 (Annual Float)</b><br><b>Unit Type: STU; Unit: 905 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.519  | <b>Nonpriority creditor's name and mailing address</b><br><b>Durland Mosher, II</b><br><b>603 Church St</b><br><b>Athens, PA 18840</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7335</u>  | <b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim: NOTICE PURPOSES ONLY</b><br><b>Unit Type: STU; Unit 906 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.520  | <b>Nonpriority creditor's name and mailing address</b><br><b>Sandra Mosher</b><br><b>6270 Tudor Ln</b><br><b>Loves Park, IL 61111</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7336</u>   | <b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim: NOTICE PURPOSES ONLY</b><br><b>Unit Type: 1 BD; Unit: 918 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.521  | <b>Nonpriority creditor's name and mailing address</b><br><b>Randall Mueckl</b><br><b>c/o Frederick &amp; Rogers</b><br><b>1903 E Battlefield</b><br><b>Springfield, MO 65804</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7337</u> | <b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim: NOTICE PURPOSES ONLY</b><br><b>Unit Type: 1 BD; Unit: 901 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.522  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Mulder</b><br><b>26158 Shady Brook Trl</b><br><b>Courtland, VA 23837</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7338</u>  | <b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim: NOTICE PURPOSES ONLY</b><br><b>Unit Type: 1 BD; Unit: 1115 (Annual Float)</b><br><b>Unit Type: STU; Unit: 1114 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known)  |
|--|--|---|
| Name   |  |   |
| 3.523  | <b>Nonpriority creditor's name and mailing address</b><br><b>Mamie Murphy</b><br><b>870 Vandenburg Dr</b><br><b>Boiling Springs, SC 29316</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7339</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1103 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.524  | <b>Nonpriority creditor's name and mailing address</b><br><b>William Murphy</b><br><b>590 Long Branch Circle</b><br><b>Williston, SC 29853</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7341</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1116 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.525  | <b>Nonpriority creditor's name and mailing address</b><br><b>Johnny Murray</b><br><b>3818 Wester Rd</b><br><b>Raleigh, NC 27604</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7342</u>                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.526  | <b>Nonpriority creditor's name and mailing address</b><br><b>Johnston Murray</b><br><b>5444 Laurinburg Rd</b><br><b>Raeford, NC 28376</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7152</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.527  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kimberly Murrell</b><br><b>9617 Rothman Ln</b><br><b>Charlotte, NC 28215</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7343</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.528  | <b>Nonpriority creditor's name and mailing address</b><br><b>Larry Mustain</b><br><b>4814 Lilydale Back Creek Rd</b><br><b>Greenville, WV 24945</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7344</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 914 (Biannual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 915 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.529  | <b>Nonpriority creditor's name and mailing address</b><br><b>Terry Muth</b><br><b>770 Berkeley Ave NW</b><br><b>Atlanta, GA 30318</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7345</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.530  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Muzeni</b><br><b>1768 W Herick Ct</b><br><b>Hernando, FL 34442</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7346</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.531  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Myers</b><br><b>613 Village Green Ln</b><br><b>Okatie, SC 29909</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7348</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.532  | <b>Nonpriority creditor's name and mailing address</b><br><b>Thomas Myers</b><br><b>3455 Lakeshore Dr</b><br><b>Florence, SC 29501</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7350</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 917 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.533  | <b>Nonpriority creditor's name and mailing address</b><br><b>Anatoly Naritsin</b><br><b>6 Bobsled Dr</b><br><b>Needham Heights, MA 02494</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7351</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 919 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.534  | <b>Nonpriority creditor's name and mailing address</b><br><b>Larry Neal</b><br><b>PO Box 178</b><br><b>Walkertown, NC 27051</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7352</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.535  | <b>Nonpriority creditor's name and mailing address</b><br><b>Major Newkirk</b><br><b>1471 Register Rd</b><br><b>Rose Hill, NC 28458</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7354</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.536  | <b>Nonpriority creditor's name and mailing address</b><br><b>George Nicholas, Jr.</b><br><b>2108 Fittleworth Terrace</b><br><b>Upper Marlboro, MD 20774</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7355</u>                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1114 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit 1115 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.537  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jennifer Nixon</b><br><b>302 Walnut Drive</b><br><b>Clifton Park, NY 12065</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>9570</u>                                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1116 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.538  | <b>Nonpriority creditor's name and mailing address</b><br><b>Susan Noack</b><br><b>1105 Artic Quill Rd</b><br><b>Herndon, VA 20170</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7358</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 919 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.539  | <b>Nonpriority creditor's name and mailing address</b><br><b>L. Noblett</b><br><b>353 Eaglehead Pt</b><br><b>East Rochester, NY 14445</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7359</u>                                       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.540  | <b>Nonpriority creditor's name and mailing address</b><br><b>Howard Norton</b><br><b>c/o Bruce B. Briggs, Attorney at Law</b><br><b>PO Box 81</b><br><b>Mars Hill, NC 28754</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7360</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
|--|---|--|
| Name _____   |   |  |
| 3.541  | <b>Nonpriority creditor's name and mailing address</b><br><b>Cherlyn Nzongola</b><br><b>PO Box 6112</b><br><b>Beaufort, SC 29903</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7361</u>                          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 908 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.542  | <b>Nonpriority creditor's name and mailing address</b><br><b>Mary J. O'Neal</b><br><b>PO Box 2082</b><br><b>Rockingham, NC 28380</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7362</u>                          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.543  | <b>Nonpriority creditor's name and mailing address</b><br><b>O'Towers Wholesale, LLC</b><br><b>1777 S Burlington Blvd #213</b><br><b>Burlington, WA 98233</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7363</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 904 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.544  | <b>Nonpriority creditor's name and mailing address</b><br><b>Lonnie Oakley, Jr.</b><br><b>207 Pinebrook School Rd</b><br><b>Mocksville, NC 27028</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7364</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 919 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.545  | <b>Nonpriority creditor's name and mailing address</b><br><b>Onwardo LLC</b><br><b>PO Box 190</b><br><b>Waunakee, WI 53597</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>5649</u>                                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 916 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.546  | <b>Nonpriority creditor's name and mailing address</b><br><b>Justin Ooten</b><br><b>PO Box 1012</b><br><b>Holden, WV 25625</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7367</u>                                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 908 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |



| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known)   |
|--|---|--|
| Name   |   |  |
| 3.547  | <b>Nonpriority creditor's name and mailing address</b><br><b>Orlando Trust, dated January</b><br><b>6812 Championship Dr</b><br><b>Whitsett, NC 27377</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7368</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 906 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes     |
| 3.548  | <b>Nonpriority creditor's name and mailing address</b><br><b>Bobbie Owens</b><br><b>1569 S Crescent Heights Blvd</b><br><b>Los Angeles, CA 90035</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7370</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 915 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.549  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kyleen Oxendine</b><br><b>19892 Lucky Ln</b><br><b>Waynesville, MO 65583</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7372</u>                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 1117 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.550  | <b>Nonpriority creditor's name and mailing address</b><br><b>Thomas Palmer, Jr.</b><br><b>PO Box 1236</b><br><b>Byron, GA 31008</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>0829</u>                       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.551  | <b>Nonpriority creditor's name and mailing address</b><br><b>Dante Palmer, Sr.</b><br><b>2430 Orchard Dr</b><br><b>Hephzibah, GA 30815</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7373</u>                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.552  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ellis Pardue</b><br><b>1244 Arbor Rd Box 134</b><br><b>Winston Salem, NC 27104</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7375</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known)  |
|--|--|---|
| Name   |  |   |
| 3.553  | <b>Nonpriority creditor's name and mailing address</b><br><b>Murrine Parra</b><br><b>7742 Henry Harris Road</b><br><b>Fort Mill, SC 29707</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7377</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 907 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.554  | <b>Nonpriority creditor's name and mailing address</b><br><b>Billy Joe Parrish</b><br><b>PSC 567 Box 6842</b><br><b>FPO, AP 96384</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7378</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 919 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.555  | <b>Nonpriority creditor's name and mailing address</b><br><b>Vincent Passalacqua</b><br><b>41 Edgewood Ter</b><br><b>Bridgewater, NJ 08807</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7379</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 903 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.556  | <b>Nonpriority creditor's name and mailing address</b><br><b>Allison Patrick</b><br><b>161 Beaver Creek Dr</b><br><b>Chesnee, SC 29323</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7380</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 905 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.557  | <b>Nonpriority creditor's name and mailing address</b><br><b>Charles Patrick</b><br><b>194 Oliver St</b><br><b>North Wilkesboro, NC 28659</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7381</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 902 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.558  | <b>Nonpriority creditor's name and mailing address</b><br><b>Vivian Patrick</b><br><b>519 Sandpiper Cir</b><br><b>Cheraw, SC 29520</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7382</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 916 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.559  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kenny Patterson</b><br><b>c/o Frederick &amp; Rogers</b><br><b>1903 E. Battlefield Rd</b><br><b>Springfield, MO 65804</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7384</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><br><b>Unit Type:</b> <u>STU; Unit: 914 (Biannual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 915 (Biannual Float)</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.560  | <b>Nonpriority creditor's name and mailing address</b><br><b>Randy Patterson</b><br><b>860 Sleepy Hollow Rd</b><br><b>Midland, NC 28107</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7385</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><br><b>Unit Type:</b> <u>STU; Unit 902 (Biannual Float)</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.561  | <b>Nonpriority creditor's name and mailing address</b><br><b>Savonita Peeler</b><br><b>215 Lockhart Ln</b><br><b>Gaffney, SC 29341</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7387</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.562  | <b>Nonpriority creditor's name and mailing address</b><br><b>Howard Pelton, III</b><br><b>2862 Red Fox Run Dr NW</b><br><b>Warren, OH 44485</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7388</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Annual Float)</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.563  | <b>Nonpriority creditor's name and mailing address</b><br><b>Mark Pennington</b><br><b>109 Lm Porter Cemetery Rd</b><br><b>Sandy Hook, KY 41171</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7389</u>                                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><br><b>Unit Type:</b> <u>STU; Unit: 1114 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 1115 (Annual Float)</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor | Name  | Case number (if known)  |
|--------|---|---|
| 3.564  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kevin Penny</b><br><b>216 Tallstone Dr</b><br><b>Fayetteville, NC 28306</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7390</u>                                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit: 1117 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.565  | <b>Nonpriority creditor's name and mailing address</b><br><b>Warren Perkins</b><br><b>1308 Pinehurst St</b><br><b>Gastonia, NC 28052</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7391</u>                                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 906 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.566  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kenneth Person</b><br><b>8580 Highway 265</b><br><b>Mount Croghan, SC 29727</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7392</u>                             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit: 916 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.567  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michelle Peters</b><br><b>6393 Blossomwood Cir NE</b><br><b>N Canton, OH 44721</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7393</u>                          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 1114 (Biannual Float)</b><br><b>Unit Type: 1 BD; Unit 1115 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.568  | <b>Nonpriority creditor's name and mailing address</b><br><b>George Petitt, III</b><br><b>25 Scout Rd</b><br><b>Greenville, SC 29611</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7394</u>                                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 1105 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.569  | <b>Nonpriority creditor's name and mailing address</b><br><b>Petrus Vacation Rentals, LLC</b><br><b>1835 E Hallandale Beach Blvd #626</b><br><b>Hallandale, FL 33009</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7396</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 901 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.570  | <b>Nonpriority creditor's name and mailing address</b><br><b>Nicole Petrus</b><br><b>24A Trolley Sq #171</b><br><b>Wilmington, DE 19806</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7395</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 910 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes     |
| 3.571  | <b>Nonpriority creditor's name and mailing address</b><br><b>Andrew Pfefferkorn, Jr.</b><br><b>12574 Garry Glen Drive</b><br><b>Bristow, VA 20136</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7397</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 1103 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.572  | <b>Nonpriority creditor's name and mailing address</b><br><b>Andrea Phillips</b><br><b>PO Box 939</b><br><b>Whitakers, NC 27891</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7398</u>                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit: 1116 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.573  | <b>Nonpriority creditor's name and mailing address</b><br><b>Charles Phillips</b><br><b>109 Robinson Clemmer Rd</b><br><b>Dallas, NC 28034</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7399</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.574  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Phillips, III</b><br><b>4040 Landover Peak Place</b><br><b>Raleigh, NC 27616</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7400</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1115 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.575  | <b>Nonpriority creditor's name and mailing address</b><br><b>Cecil Piansay</b><br><b>1104 Keystone Dr</b><br><b>Asheboro, NC 27203</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7401</u>                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.576  | <b>Nonpriority creditor's name and mailing address</b><br><b>Anthony Pickhinke</b><br><b>7835 E Burro Dr</b><br><b>Kingman, AZ 86401</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7402</u>                        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.577  | <b>Nonpriority creditor's name and mailing address</b><br><b>Laymon Pickle</b><br><b>272 Pickle Hollow Rd</b><br><b>Saltville, VA 24370</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7403</u>                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.578  | <b>Nonpriority creditor's name and mailing address</b><br><b>Sheila Pierce</b><br><b>5330 Hames Trace</b><br><b>Louisville, KY 40291</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7404</u>                        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.579  | <b>Nonpriority creditor's name and mailing address</b><br><b>Elton Pierson</b><br><b>140 Gigi Ln</b><br><b>Loudon, TN 37774</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7405</u>                                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biennial Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.580  | <b>Nonpriority creditor's name and mailing address</b><br><b>Natalie Pitman</b><br><b>400 Summit Drive</b><br><b>Apt 3C</b><br><b>Greenville, SC 29609-4854</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6974</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit 916 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.581  | <b>Nonpriority creditor's name and mailing address</b><br><b>Janice Polesky</b><br><b>626 Cherry Lane</b><br><b>Royalton, MN 56373</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7407</u>                          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 914 (Biannual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 915 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known)   |
|--|---|--|
| Name   |   |  |
| 3.582  | <b>Nonpriority creditor's name and mailing address</b><br><b>Anthony Pompey</b><br><b>PO Box 641</b><br><b>Kingstree, SC 29556</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7408</u>                         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit: 918 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.583  | <b>Nonpriority creditor's name and mailing address</b><br><b>Bronna Poole</b><br><b>PO Box 821</b><br><b>Randleman, NC 27317</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7409</u>                           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: S1BD; Unit: 919 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.584  | <b>Nonpriority creditor's name and mailing address</b><br><b>L. Norton Pope</b><br><b>4246 Estate Drive</b><br><b>Conway, SC 29526</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>2401</u>                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 904 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.585  | <b>Nonpriority creditor's name and mailing address</b><br><b>Rosemary Pope</b><br><b>414 Ash Circle</b><br><b>Elkhart, IN 46517</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7410</u>                        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 902 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.586  | <b>Nonpriority creditor's name and mailing address</b><br><b>Paul Porfeli</b><br><b>32306 Hugh Road</b><br><b>Apt A</b><br><b>Albemarle, NC 28001-7376</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7411</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 1106 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.587  | <b>Nonpriority creditor's name and mailing address</b><br><b>Mark Porter</b><br><b>5656 Springlake Road</b><br><b>Canton, OH 44718-1154</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7412</u>                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit: 916 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known)  |
|--|--|---|
| Name   |  |   |
| 3.588  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jabez Powell</b><br><b>3804 Peppercorn Ln</b><br><b>Greensboro, NC 27406</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7413</u>                            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.589  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ricquel Pratt</b><br><b>7042 Brandemere Lane (CR)</b><br><b>Apt J</b><br><b>Winston Salem, NC 27106</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7414</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.590  | <b>Nonpriority creditor's name and mailing address</b><br><b>Susan Preston</b><br><b>3910 West Bent Grass Dr.</b><br><b>Fayetteville, NC 28312</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7416</u>                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.591  | <b>Nonpriority creditor's name and mailing address</b><br><b>Willie Preston</b><br><b>20024 Halloway Ave</b><br><b>Matoaca, VA 23803</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7417</u>                             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.592  | <b>Nonpriority creditor's name and mailing address</b><br><b>David Price</b><br><b>23 Harbour Heights Drive</b><br><b>Annapolis, MD 21401</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7418</u>                        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 1116 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.593  | <b>Nonpriority creditor's name and mailing address</b><br><b>Veva Prichard</b><br><b>299 River Road</b><br><b>PO Box 299</b><br><b>Crum, WV 25669</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>1898</u>                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 906 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |



| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.594  | <b>Nonpriority creditor's name and mailing address</b><br><b>Christopher Pridmore</b><br><b>1301 Cove Creek Rd</b><br><b>Pickens, SC 29671</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7419</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.595  | <b>Nonpriority creditor's name and mailing address</b><br><b>Carlette Priester</b><br><b>6449 Caymus Dr</b><br><b>Charlotte, NC 28269</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7420</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 916 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.596  | <b>Nonpriority creditor's name and mailing address</b><br><b>Mary Prouty</b><br><b>3910 Doster Rd</b><br><b>Monroe, NC 28112</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7421</u>               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1101 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.597  | <b>Nonpriority creditor's name and mailing address</b><br><b>Haughton Purser</b><br><b>4312 Ryegate Dr</b><br><b>Raleigh, NC 27604</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7422</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 908 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.598  | <b>Nonpriority creditor's name and mailing address</b><br><b>Wesley Pursiful</b><br><b>7987 Longmire Rd</b><br><b>Luttrell, TN 37779</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7423</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 906 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.599  | <b>Nonpriority creditor's name and mailing address</b><br><b>Thomas Pytko</b><br><b>94 E Acres Ave</b><br><b>Pittsfield, MA 01201</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7424</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1111 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
|--|---|--|
| Name _____   |   |  |
| 3.600  | <b>Nonpriority creditor's name and mailing address</b><br><b>Linda Radcliffe</b><br><b>110 Crescent Ave</b><br><b>Woodbury, NJ 08096</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7562</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 903 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.601  | <b>Nonpriority creditor's name and mailing address</b><br><b>Marcia Ragin</b><br><b>2850 September Dr</b><br><b>Sumter, SC 29154</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7425</u>                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.602  | <b>Nonpriority creditor's name and mailing address</b><br><b>Francis Ralston</b><br><b>9009 Morton Ave</b><br><b>Brooklyn, OH 44144</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7427</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit: 920 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.603  | <b>Nonpriority creditor's name and mailing address</b><br><b>Chad G. Ramsey</b><br><b>172 Joseph Alexander Dr</b><br><b>Fuquay Varina, NC 27526</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7428</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.604  | <b>Nonpriority creditor's name and mailing address</b><br><b>Richard Ranson</b><br><b>214 Greenway St</b><br><b>Huntersville, NC 28078</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7430</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.605  | <b>Nonpriority creditor's name and mailing address</b><br><b>Joseph Ratliff</b><br><b>2916 Whippowill Cir</b><br><b>Augusta, GA 30906</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7431</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 908 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.606  | <b>Nonpriority creditor's name and mailing address</b><br><b>Myron Ravenel</b><br><b>PO Box 41961</b><br><b>North Charleston, SC 29418</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7432</u>                                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 901 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.607  | <b>Nonpriority creditor's name and mailing address</b><br><b>Morris Reid, III</b><br><b>924 Hunt Club Run</b><br><b>Charleston, SC 29414</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7435</u>                                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 901 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.608  | <b>Nonpriority creditor's name and mailing address</b><br><b>Joseph Reinhardt</b><br><b>PO Box 621</b><br><b>Chesapeake, OH 45619</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7436</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 1110 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.609  | <b>Nonpriority creditor's name and mailing address</b><br><b>Timothy Reinke, Sr.</b><br><b>25944 Mackinac St.</b><br><b>Roseville, MI 48066</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7437</u>                               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit: 1115 (Annual Float)</b><br><b>Unit Type: STU; Unit 1114 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.610  | <b>Nonpriority creditor's name and mailing address</b><br><b>Resort Travel and Xchange, Inc.</b><br><b>One Vance Gap Road</b><br><b>Asheville, NC 28805</b><br>Date(s) debt was incurred <u>As of January 31, 2019</u><br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$2,033.33</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> _____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.611  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Respus</b><br><b>103 King Richard Court</b><br><b>Red Springs, NC 28377-1261</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7438</u>                           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 909 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.612  | <b>Nonpriority creditor's name and mailing address</b><br><b>Dutch Reuschel</b><br><b>1817 Hopewell Dr</b><br><b>Elverson, PA 19520</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7440</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.613  | <b>Nonpriority creditor's name and mailing address</b><br><b>Carlos Reynolds</b><br><b>3018 Tiffin Cir</b><br><b>Macon, GA 31204</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7441</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.614  | <b>Nonpriority creditor's name and mailing address</b><br><b>Frederick Rhew</b><br><b>c/o Robert Jones, Attorney at Law</b><br><b>732 Thimble Shoals Blvd, Suite 901</b><br><b>Newport News, VA 23606</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7442</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.615  | <b>Nonpriority creditor's name and mailing address</b><br><b>Bobby Rhodes</b><br><b>415 W Hortter St</b><br><b>Philadelphia, PA 19119</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7443</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.616  | <b>Nonpriority creditor's name and mailing address</b><br><b>Geoffrey Rhodes</b><br><b>7112 Indian Ridge Ln</b><br><b>Charlotte, NC 28214</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7444</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 916 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.617  | <b>Nonpriority creditor's name and mailing address</b><br><b>Georgia Rhodes</b><br><b>PO Box 424</b><br><b>Waynesboro, GA 30830</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7445</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known)  |
|--|---|---|
| Name   |   |   |
| 3.618  | <b>Nonpriority creditor's name and mailing address</b><br><b>Laura Richards</b><br><b>1510 Callaway Loop</b><br><b>Conyers, GA 30012</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7446</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 911 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.619  | <b>Nonpriority creditor's name and mailing address</b><br><b>David Richardson</b><br><b>700 Coventry Ln</b><br><b>Florence, SC 29501</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7447</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1101 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.620  | <b>Nonpriority creditor's name and mailing address</b><br><b>Taji Richardson</b><br><b>215 Ridge Bay Ct</b><br><b>Greenville, SC 29611</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7450</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 907 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.621  | <b>Nonpriority creditor's name and mailing address</b><br><b>Nicholas Richer</b><br><b>208 Ferry St</b><br><b>Abbeville, SC 29620</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7451</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.622  | <b>Nonpriority creditor's name and mailing address</b><br><b>Chris Risby</b><br><b>7006 Commander Howe Ter</b><br><b>Brandywine, MD 20613</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7453</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1112 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.623  | <b>Nonpriority creditor's name and mailing address</b><br><b>Eric Rivera</b><br><b>29 Greenfield Ave</b><br><b>Staten Island, NY 10304</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7454</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Annual Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
|--|--|--|
| Name _____   |  |  |
| 3.624  | <b>Nonpriority creditor's name and mailing address</b><br><b>Christopher Roach</b><br><b>10940 213th St</b><br><b>Queens Village, NY 11429</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7456</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 908 (Annual Float)</u><br><b>Unit Type:</b> <u>1BD; Unit 916 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.625  | <b>Nonpriority creditor's name and mailing address</b><br><b>Guy Robbs</b><br><b>19087</b><br><b>Highway 221 N</b><br><b>Laurens, SC 29360</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7457</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.626  | <b>Nonpriority creditor's name and mailing address</b><br><b>Arther Roberson, Sr.</b><br><b>120 Carolina Ridge Dr</b><br><b>Columbia, SC 29229</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7458</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.627  | <b>Nonpriority creditor's name and mailing address</b><br><b>Archie Robertson</b><br><b>1016 Alston Hill Dr</b><br><b>Charlotte, NC 28214</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7459</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1105 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.628  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kenneth Robertson</b><br><b>3326 Venus Dr</b><br><b>Durham, NC 27703</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7462</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.629  | <b>Nonpriority creditor's name and mailing address</b><br><b>Katrina Robinson</b><br><b>4 Rockport Court</b><br><b>Greensboro, NC 27406-8773</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7463</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit 917 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
|--|---|--|
| Name _____   |   |  |
| 3.630  | <b>Nonpriority creditor's name and mailing address</b><br><b>Joyce Robinson-Bell</b><br><b>205 Kindlewood Dr</b><br><b>Durham, NC 27703</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6761</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 903 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.631  | <b>Nonpriority creditor's name and mailing address</b><br><b>Charla Roby</b><br><b>2912 Martinsville Rd</b><br><b>Greensboro, NC 27408</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7466</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 918 (Annual Float)</b><br><b>Unit Type: 1 BD; Unit: 920 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.632  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kathryn Rogers</b><br><b>c/o Randy Rogers, PR of Estate</b><br><b>505 Tyre B Mauldin St</b><br><b>Walhalla, SC 29691</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7648</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 901 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.633  | <b>Nonpriority creditor's name and mailing address</b><br><b>Daniel Root</b><br><b>7421 Matherly Drive</b><br><b>Wake Forest, NC 27587</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7468</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 904 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.634  | <b>Nonpriority creditor's name and mailing address</b><br><b>Elton Ross</b><br><b>220 Reaves St</b><br><b>Raeford, NC 28376</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7471</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 905 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
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| Name _____   |   |   |
| 3.635  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michael Rubino</b><br><b>4160 State Route 5, #8</b><br><b>Frankfort, NY 13340</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7473</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 908 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.636  | <b>Nonpriority creditor's name and mailing address</b><br><b>Russell Runion</b><br><b>4561 Follansbee Rd</b><br><b>Winston Salem, NC 27127</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7474</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.637  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Russell</b><br><b>1261 Riveroaks Dr</b><br><b>Colonial Heights, VA 23834</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7475</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 914 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.638  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michael Russo</b><br><b>428 Stonecrest Lane</b><br><b>Gaffney, SC 29341-3446</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7476</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit 916 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.639  | <b>Nonpriority creditor's name and mailing address</b><br><b>Bernadine Sampson</b><br><b>727 Shoreline Cir</b><br><b>Schaumburg, IL 60194</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7477</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.640  | <b>Nonpriority creditor's name and mailing address</b><br><b>Cleveland Samuels</b><br><b>1270 Nugget Drive</b><br><b>GA 30891-3000</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7478</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit 908 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |



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| Debtor | <b>Sand Castle South Timeshare Owners Association, Inc.</b><br>Name _____ | Case number (if known) _____ |
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| 3.641 | Nonpriority creditor's name and mailing address<br><b>Sand Castle South HOA Inc.<br/>         c/o Alley Management Inc.<br/>         7400 N. Kings Highway<br/>         Myrtle Beach, SC 29572</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$130,934.69</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <b>Master Association Dues Owed</b><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.642 | Nonpriority creditor's name and mailing address<br><b>Jane Sander<br/>         15705 Ibisridge Drive<br/>         Lithia, FL 33547</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <b>7480</b> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><br><b>Unit Type: 1 BD; Unit: 1115 (Biannual Float)</b><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.643 | Nonpriority creditor's name and mailing address<br><b>Davey Sanderson<br/>         712 Iva Ln<br/>         Knoxville, TN 37918</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <b>7481</b> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><br><b>Unit Type: 1 BD; Unit: 920 (Annual Float)</b><br><b>Unit Type: 1 BD; Unit: 919 (Annual Float)</b><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.644 | Nonpriority creditor's name and mailing address<br><b>Nikolay Sandul<br/>         PO Box 188<br/>         Kleinfeltersville, PA 17039</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <b>7482</b> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><br><b>Unit Type: 1 BD; Unit: 920 (Annual Float)</b><br><b>Unit Type: 1 BD; Unit: 921 (Annual Float)</b><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.645 | Nonpriority creditor's name and mailing address<br><b>Timothy Sargeant<br/>         8803 Cross Chase Cir<br/>         Fairfax Station, VA 22039</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <b>7483</b> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><br><b>Unit Type: STU; Unit: 906 (Annual Float)</b><br><b>Unit Type: 1 BD; Unit: 918 (Annual Float)</b><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.646 | Nonpriority creditor's name and mailing address<br><b>Jeffrey T. Sargent<br/>         515 Wexford Hollow Run<br/>         Roswell, GA 30075</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <b>7484</b> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><br><b>Unit Type: 1 BD; Unit: 917 (Annual Points)</b><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
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| Name _____   |   |   |
| 3.647  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jon Sarlea</b><br><b>6626 Parrish Ave</b><br><b>Hammond, IN 46323</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7485</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.648  | <b>Nonpriority creditor's name and mailing address</b><br><b>Anthony Saunders</b><br><b>5936 Kentuck Rd</b><br><b>Ringgold, VA 24586</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7487</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 910 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.649  | <b>Nonpriority creditor's name and mailing address</b><br><b>Alfred Saylor</b><br><b>1151 Langley Blvd.</b><br><b>Clawson, MI 48017</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7489</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.650  | <b>Nonpriority creditor's name and mailing address</b><br><b>Veronica Scales</b><br><b>2009 E 18th St</b><br><b>Winston Salem, NC 27105</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7490</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.651  | <b>Nonpriority creditor's name and mailing address</b><br><b>Albert Schaefer</b><br><b>PO Box 4585</b><br><b>Florence, SC 29502</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7491</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 914 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit 919 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.652  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Schaub</b><br><b>13 Deveau Ct</b><br><b>West Columbia, SC 29172</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7492</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 916 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
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| Name _____   |  |  |
| 3.653  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jonathon Schlax</b><br><b>1502 Cassandra Dr</b><br><b>Durham, NC 27712</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7493</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.654  | <b>Nonpriority creditor's name and mailing address</b><br><b>David Schmidt</b><br><b>PO Box 340</b><br><b>Clearwater, SC 29822</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7494</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 902 (Annual Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.655  | <b>Nonpriority creditor's name and mailing address</b><br><b>Chelsea Schrader</b><br><b>334 Dellwater Lane</b><br><b>Bedford, PA 15522</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>5715</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 919 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.656  | <b>Nonpriority creditor's name and mailing address</b><br><b>Eric Scott</b><br><b>90 Pewter Ln</b><br><b>Stafford, VA 22554</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7497</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.657  | <b>Nonpriority creditor's name and mailing address</b><br><b>Scott Shaffer</b><br><b>51 Keefer Way</b><br><b>Mechanicsburg, PA 17055</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6989</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 919 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.658  | <b>Nonpriority creditor's name and mailing address</b><br><b>Germari Sharper</b><br><b>416 E Tierra Dr.</b><br><b>Florence, SC 29505</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7500</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
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| Name _____   |  |  |
| 3.659  | <b>Nonpriority creditor's name and mailing address</b><br><b>David Shaw</b><br><b>7 Wildewood Downs Pt</b><br><b>Columbia, SC 29223</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7501</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 914 (Biannual Float)</b><br><b>Unit Type: 1BR; Unit: 915 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.660  | <b>Nonpriority creditor's name and mailing address</b><br><b>Phillip Shaw</b><br><b>317 Snider St</b><br><b>High Point, NC 27265</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7502</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 1101 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.661  | <b>Nonpriority creditor's name and mailing address</b><br><b>Timothy Shaw</b><br><b>4 Filly Trl</b><br><b>Fairfield, PA 17320</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7503</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 906 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.662  | <b>Nonpriority creditor's name and mailing address</b><br><b>Chad Shealy</b><br><b>1989 Dr Bowers Road</b><br><b>Little Mountain, SC 29075</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7504</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 903 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.663  | <b>Nonpriority creditor's name and mailing address</b><br><b>Harrison Shell</b><br><b>1401 Altama Dr</b><br><b>Raleigh, NC 27610</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7506</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 902 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.664  | <b>Nonpriority creditor's name and mailing address</b><br><b>Brian Shelley</b><br><b>302 Maple Avenue</b><br><b>Horse Cave, KY 42749</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7508</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 910 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known)   |
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| Name   |  |  |
| 3.665  | <b>Nonpriority creditor's name and mailing address</b><br><b>Joanne Sher</b><br><b>24 Amaron Ln</b><br><b>Staten Island, NY 10307</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7509</u>                                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1101 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.666  | <b>Nonpriority creditor's name and mailing address</b><br><b>Sherry Williams Gee</b><br><b>163 Highgrove Court</b><br><b>Raeford, NC</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7025</u>                               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.667  | <b>Nonpriority creditor's name and mailing address</b><br><b>Joshua Shirley</b><br><b>9853 Friendship 7</b><br><b>El Paso, TX 79924</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7510</u>                                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 1120 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.668  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jessica Short</b><br><b>90 Oak Ln</b><br><b>Berwyn, PA 19355</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7511</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 906 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.669  | <b>Nonpriority creditor's name and mailing address</b><br><b>Leslie Shultz</b><br><b>580 Lakeview Dr</b><br><b>Elkview, WV 25071</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7512</u>                                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 1103 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.670  | <b>Nonpriority creditor's name and mailing address</b><br><b>Denis Silcock</b><br><b>383 Main Street E</b><br><b>Apatment 413</b><br><b>Milton, OH L9T 8K8, Canada</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7513</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 920 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 919 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.671  | <b>Nonpriority creditor's name and mailing address</b><br><b>Dwayne Simmons</b><br><b>61 E 2nd St</b><br><b>Mount Vernon, NY 10550</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7514</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 906 (Annual Float)</b><br><b>Unit Type: 1 BD; Unit: 918 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes     |
| 3.672  | <b>Nonpriority creditor's name and mailing address</b><br><b>Connie Slade</b><br><b>511 Hodges Dairy Rd</b><br><b>Yanceyville, NC 27379</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7516</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 914 (Biannual Float)</b><br><b>Unit Type: 1 BD; Unit: 915 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.673  | <b>Nonpriority creditor's name and mailing address</b><br><b>William Slaughter</b><br><b>1727 Parham Drive</b><br><b>Graham, NC 27253</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7517</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit: 918 (Annual Float)</b><br><b>Unit Type: 1BD; Unit: 917 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      |
| 3.674  | <b>Nonpriority creditor's name and mailing address</b><br><b>Anthony Smith</b><br><b>4304 John Gardner Rd</b><br><b>Kershaw, SC 29067</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7520</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 921 (Biannual Float)</b><br><b>Unit Type: STU; Unit: 909 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.675  | <b>Nonpriority creditor's name and mailing address</b><br><b>Carla Smith</b><br><b>449 Dorley Rd</b><br><b>Spartanburg, SC 29307</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7521</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 909 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known)   |
|--|---|--|
| Name   |   |  |
| 3.676  | <b>Nonpriority creditor's name and mailing address</b><br><b>Charles Smith</b><br><b>104 Cotton Rd</b><br><b>Shelby, NC 28150</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7522</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.677  | <b>Nonpriority creditor's name and mailing address</b><br><b>Dorothy J. Smith</b><br><b>4538 Bellingham Ct</b><br><b>Evans, GA 30809</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7524</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 920 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.678  | <b>Nonpriority creditor's name and mailing address</b><br><b>Edwin Smith</b><br><b>116 Winthrop Way</b><br><b>Jacksonville, NC 28546</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7525</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.679  | <b>Nonpriority creditor's name and mailing address</b><br><b>Gordon Smith</b><br><b>P.O. Box 395</b><br><b>Kitscoty, AB, T0B 2P0, Canada</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7526</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 1116 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.680  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Smith, Jr.</b><br><b>744 Douglas Road</b><br><b>Gray Court, SC 29645</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7527</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1114 (Biannual Float)</u><br><b>Unit Type:</b> <u>1BD; Unit 1115 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
|--|--|--|
| Name _____   |  |  |
| 3.681  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kenneth Smith</b><br><b>455 Sells Road</b><br><b>Bluff City, TN 37618</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7528</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit 917 (Annual Float)</u><br><b>Unit Type:</b> <u>STU; Unit 909 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.682  | <b>Nonpriority creditor's name and mailing address</b><br><b>Sharron Smith</b><br><b>3815 Atlas Drive</b><br><b>Charlotte, NC 28269</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7529</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.683  | <b>Nonpriority creditor's name and mailing address</b><br><b>Stacey Smith</b><br><b>2514 Edfeldt Dr</b><br><b>District Heights, MD 20747</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7530</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.684  | <b>Nonpriority creditor's name and mailing address</b><br><b>Stephanie Smith</b><br><b>5606 Birch Rd</b><br><b>Fayetteville, NC 28304</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>0490</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.685  | <b>Nonpriority creditor's name and mailing address</b><br><b>Steven Smith</b><br><b>303 Conley St</b><br><b>Greenville, NC 27834</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7531</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.686  | <b>Nonpriority creditor's name and mailing address</b><br><b>Van Smith</b><br><b>3088 Youngs Park Dr</b><br><b>Westville, SC 29175</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7532</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1119 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |



| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.687  | <b>Nonpriority creditor's name and mailing address</b><br><b>Henry Smoke, III</b><br><b>7825 Ginger Ln</b><br><b>Charleston, SC 29420</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7533</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 915 (Biannual Float)</u><br><b>Unit Type:</b> <u>STU; Unit 914 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.688  | <b>Nonpriority creditor's name and mailing address</b><br><b>Nicky J. Smyre</b><br><b>2407 33rd Ave NE</b><br><b>Hickory, NC 28601</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7534</u>                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.689  | <b>Nonpriority creditor's name and mailing address</b><br><b>Alan Sneed</b><br><b>PO Box 523</b><br><b>Black Mountain, NC 28711</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7535</u>                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1101 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.690  | <b>Nonpriority creditor's name and mailing address</b><br><b>Christopher Snider</b><br><b>2224 Old Farmer Rd</b><br><b>Asheboro, NC 27205</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7536</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.691  | <b>Nonpriority creditor's name and mailing address</b><br><b>Wayne Snow</b><br><b>782 Pembroke Way</b><br><b>Charles Town, WV 25414</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7537</u>               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1116 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.692  | <b>Nonpriority creditor's name and mailing address</b><br><b>Robert Solomon, Jr.</b><br><b>8023 Old Philadelphia Rd</b><br><b>Baltimore, MD 21237</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7539</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known)   |
|--|---|--|
| Name   |   |  |
| 3.693  | <b>Nonpriority creditor's name and mailing address</b><br><b>Terrace Solomon</b><br><b>25 Vineland Lane</b><br><b>Coatesville, PA 19320</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7540</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 914 (Annual Float)</u><br><b>Unit Type:</b> <u>1BD; Unit 915 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes       |
| 3.694  | <b>Nonpriority creditor's name and mailing address</b><br><b>David Sosa</b><br><b>2538 Lillington Hwy</b><br><b>Spring Lake, NC 28390-1848</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7542</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1114 (Biannual Float)</u><br><b>Unit Type:</b> <u>1BD; Unit 1115 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.695  | <b>Nonpriority creditor's name and mailing address</b><br><b>Andrew Southerland</b><br><b>513 E Pollock St</b><br><b>Mount Olive, NC 28365</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7543</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 911 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.696  | <b>Nonpriority creditor's name and mailing address</b><br><b>Charles Sparwasser</b><br><b>7872 Saint Fabian Ln</b><br><b>Dundalk, MD 21222</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7544</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biennial Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.697  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Spears</b><br><b>4072 Banbridge Drive</b><br><b>High Point, NC 27260</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7545</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known)  |
|--|---|---|
| Name   |   |   |
| 3.698  | <b>Nonpriority creditor's name and mailing address</b><br><b>Spencer Boose</b><br><b>9787 Old Mill Road</b><br><b>Leland, NC 28451</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6787</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 912 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.699  | <b>Nonpriority creditor's name and mailing address</b><br><b>Nora Squires</b><br><b>7221 S Kipling Pl</b><br><b>Painesville, OH 44077</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7547</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1121 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.700  | <b>Nonpriority creditor's name and mailing address</b><br><b>Joyce Stallings</b><br><b>3885 Tower Hill Road</b><br><b>Kinston, NC 28501</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7548</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.701  | <b>Nonpriority creditor's name and mailing address</b><br><b>Margaret Steed</b><br><b>120 E Watkins St</b><br><b>Augusta, GA 30901</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7550</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.702  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ashley Steen</b><br><b>335 Richmond Dr</b><br><b>Fayetteville, NC 28472</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7552</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.703  | <b>Nonpriority creditor's name and mailing address</b><br><b>Wendy Stein</b><br><b>213 Princess Dr</b><br><b>Garner, NC 27529</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7553</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1103 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

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| Debtor | <b>Sand Castle South Timeshare Owners Association, Inc.</b><br>Name _____ | Case number (if known) _____ |
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| 3.704 | Nonpriority creditor's name and mailing address<br><b>Marian Stepniewski</b><br><b>40 Lacebark Ln</b><br><b>Elgin, SC 29045</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7554</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: STU; Unit 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.705 | Nonpriority creditor's name and mailing address<br><b>David Stewart</b><br><b>c/o Klein &amp; Sheridan, LC</b><br><b>3566 Teays Valley Rd</b><br><b>Hurricane, WV 25526</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7557</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: STU; Unit: 902 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.706 | Nonpriority creditor's name and mailing address<br><b>Walter Stokes</b><br><b>264 Pearson Hill Road</b><br><b>Roanoke Rapids, NC 27870</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7560</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: STU; Unit 908 (Annual Float)</u><br><u>Unit Type: 1BD; Unit 916 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.707 | Nonpriority creditor's name and mailing address<br><b>Jeffery Story</b><br><b>250 Rivers Circle</b><br><b>Thomson, GA 30824</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6032</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: STU; Unit: 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.708 | Nonpriority creditor's name and mailing address<br><b>Stewart Strothers, III</b><br><b>5524 Berry Hill Rd</b><br><b>Norfolk, VA 23502</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7565</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: STU; Unit: 908 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.709 | Nonpriority creditor's name and mailing address<br><b>Lawrence Stuckey, III</b><br><b>2059 Spring Hill Rd</b><br><b>Dalzell, SC 29040</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7566</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>NOTICE PURPOSES ONLY</u><br><u>Unit Type: 1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known)   |
|--|--|--|
| Name   |  |  |
| 3.710  | <b>Nonpriority creditor's name and mailing address</b><br><b>Curtis Suber</b><br><b>10123 Broad River Rd</b><br><b>Pomaria, SC 29126</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7568</u>                       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 920 (Biannual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit 921 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.711  | <b>Nonpriority creditor's name and mailing address</b><br><b>Sun Hospitality Resort Services</b><br><b>4724 Hwy 17 Bypass South</b><br><b>Myrtle Beach, SC 29588</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$56,708.90</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>Services Provided, Housekeeping</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.712  | <b>Nonpriority creditor's name and mailing address</b><br><b>Eric Surratt</b><br><b>8637 Danville Pike</b><br><b>Hillsville, VA 24343</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7569</u>                      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 908 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      |
| 3.713  | <b>Nonpriority creditor's name and mailing address</b><br><b>James E. Sutton</b><br><b>6464 Gold Dr.</b><br><b>Battleboro, NC 27809</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7571</u>                        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 901 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.714  | <b>Nonpriority creditor's name and mailing address</b><br><b>Lynn Swinney, Jr.</b><br><b>9906 Hamilton Dr</b><br><b>Douglasville, GA 30135</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7573</u>                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1119 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.715  | <b>Nonpriority creditor's name and mailing address</b><br><b>Lillian Sydenstricker</b><br><b>124 Township Rd 1290</b><br><b>Chesapeake, OH 45619</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7574</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 914 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 915 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
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| Name _____   |  |   |
| <b>3.716</b>   | <b>Nonpriority creditor's name and mailing address</b><br><b>Ruben Tacas</b><br><b>8411 Morrell Ln</b><br><b>Durham, NC 27713</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7576</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 918 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| <b>3.717</b>   | <b>Nonpriority creditor's name and mailing address</b><br><b>Gregory Tackett</b><br><b>640 Mare Crk</b><br><b>Stanville, KY 41659</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7577</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 1114 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| <b>3.718</b>   | <b>Nonpriority creditor's name and mailing address</b><br><b>Eduardo Tanaka</b><br><b>107 Banyon Tree Ln</b><br><b>Cary, NC 27513</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7578</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit: 918 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| <b>3.719</b>   | <b>Nonpriority creditor's name and mailing address</b><br><b>Michael Tanksley</b><br><b>516 Hillwood Cir</b><br><b>Augusta, GA 30909</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7579</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 914 (Annual Float)</b><br><b>Unit Type: 1 BD; Unit: 915 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| <b>3.720</b>   | <b>Nonpriority creditor's name and mailing address</b><br><b>Debra Taylor</b><br><b>10 Taylor Rd</b><br><b>Spring Lake, NC 28390</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7580</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 905 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| <b>3.721</b>   | <b>Nonpriority creditor's name and mailing address</b><br><b>Dijon Taylor</b><br><b>159 Kingsboro Road</b><br><b>Rochester, NY 14619</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7581</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 1109 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known)  |
|--|---|---|
| Name   |   |   |
| 3.722  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jeffrey Taylor</b><br><b>11403 Vega Ct</b><br><b>Upper Marlboro, MD 20774</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7582</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 901 (Annual Points)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.723  | <b>Nonpriority creditor's name and mailing address</b><br><b>Lance Taylor</b><br><b>45 Young Ave</b><br><b>Cedar Grove, NJ 07009</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7583</u>                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 915 (Biannual Float)</b><br><b>Unit Type: STU; Unit: 914 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.724  | <b>Nonpriority creditor's name and mailing address</b><br><b>Sue Taylor</b><br><b>455 New Churchmans Rd</b><br><b>New Castle, DE 19720</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7584</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 902 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.725  | <b>Nonpriority creditor's name and mailing address</b><br><b>Joseph Teague</b><br><b>1716 Drew Allen Rd</b><br><b>Williamson, GA 30292</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7585</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 916 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.726  | <b>Nonpriority creditor's name and mailing address</b><br><b>Alan Templeton</b><br><b>2545 McLean Chapel Church Rd</b><br><b>Bunnlevel, NC 28323</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7586</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit: 915 (Annual Float)</b><br><b>Unit Type: STU; Unit 914 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes       |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known)   |
|--|--|--|
| Name   |  |  |
| 3.727  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ronald Tharp</b><br><b>2294 George Hayes Rd</b><br><b>Boone, NC 28607</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7587</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 901 (Annual Float)</b><br><b>Unit Type: 1 BD; Unit: 916 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.728  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kendall Thomas</b><br><b>55 Pleasant Ave, Apt 2FL</b><br><b>Johnson City, NY 13790</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7589</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 911 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.729  | <b>Nonpriority creditor's name and mailing address</b><br><b>William Thomas</b><br><b>3032 Lake Rd</b><br><b>Apt D</b><br><b>Elmira, NY 14903</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7590</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 915 (Annual Points)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.730  | <b>Nonpriority creditor's name and mailing address</b><br><b>Anthony Thompkins</b><br><b>632 Oats Street</b><br><b>Johnsonville, SC 29555</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>0491</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit 904 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.731  | <b>Nonpriority creditor's name and mailing address</b><br><b>Adam Thompson</b><br><b>3102 Indigo Pl</b><br><b>Seffner, FL 33584</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7591</u>                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 916 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |



| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.732  | <b>Nonpriority creditor's name and mailing address</b><br><b>Earl Thompson</b><br><b>3735 Lystra Rd</b><br><b>Chapel Hill, NC 27517</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7594</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU</u> ; <b>Unit:</b> <u>909 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD</u> ; <b>Unit:</b> <u>917 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.733  | <b>Nonpriority creditor's name and mailing address</b><br><b>Buddy Thompson, Sr.</b><br><b>1323 Bonlee Bennett Rd</b><br><b>Bonlee, NC 27213</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7592</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU</u> ; <b>Unit:</b> <u>903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.734  | <b>Nonpriority creditor's name and mailing address</b><br><b>William Thornton</b><br><b>PO Box 246</b><br><b>Tobaccoville, NC 27050-0246</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7596</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD</u> ; <b>Unit:</b> <u>1121 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.735  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ryan Thurman</b><br><b>2004 Waldner Ct</b><br><b>Crestwood, KY 40014</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7597</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU</u> ; <b>Unit:</b> <u>911 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.736  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ervin Tisdale, Sr.</b><br><b>4013 Chatham Rd</b><br><b>Baltimore, MD 21207</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7598</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD</u> ; <b>Unit:</b> <u>1115 (Annual Float)</u><br><b>Unit Type:</b> <u>STU</u> ; <b>Unit:</b> <u>1114 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known)  |
|--|---|---|
| Name   |   |   |
| 3.737  | <b>Nonpriority creditor's name and mailing address</b><br><b>Clarence Toliver, Jr.</b><br><b>570 3rd St</b><br><b>Albany, NY 12206</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7599</u>                             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1111 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.738  | <b>Nonpriority creditor's name and mailing address</b><br><b>Deborah Tolles</b><br><b>2327 Treescap Drive</b><br><b>Apartment 7</b><br><b>Charleston, SC 29414</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7600</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 909 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.739  | <b>Nonpriority creditor's name and mailing address</b><br><b>Roland Tomah</b><br><b>106 Ashbourne Rd</b><br><b>Irmo, SC 29063</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7601</u>                                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1118 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.740  | <b>Nonpriority creditor's name and mailing address</b><br><b>Joseph Tonsel, Jr.</b><br><b>2650 Lexington St</b><br><b>Harrisburg, PA 17110</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7602</u>                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1101 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.741  | <b>Nonpriority creditor's name and mailing address</b><br><b>Robert Torrisi</b><br><b>3611 Melvin Dr S</b><br><b>Baldwinsville, NY 13027</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7603</u>                       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 1103 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.742  | <b>Nonpriority creditor's name and mailing address</b><br><b>Frank Tracy</b><br><b>14343 Niezes Cir</b><br><b>Winter Garden, FL 34787</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7604</u>                          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor |   | Case number (if known)   |                 |
|--------|---|--|-----------------|
| Name   |   |  |                 |
| 3.743  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Treadaway</b><br><b>548 Watts Ln</b><br><b>Camden, SC 29020</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7605</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b>   |
| 3.744  | <b>Nonpriority creditor's name and mailing address</b><br><b>Craig Treece</b><br><b>1520 High Top Rd</b><br><b>Knoxville, TN 37914</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7606</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>\$0.00</b>   |
| 3.745  | <b>Nonpriority creditor's name and mailing address</b><br><b>Maria Tressler</b><br><b>PO Box 145</b><br><b>Milligan College, TN 37682</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7607</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 908 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b>   |
| 3.746  | <b>Nonpriority creditor's name and mailing address</b><br><b>Thomas Tricka</b><br><b>9716 Alvin Drive</b><br><b>Shippensburg, PA 17257</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7608</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b>   |
| 3.747  | <b>Nonpriority creditor's name and mailing address</b><br><b>Stacey Trotman</b><br><b>947 Renfrew St</b><br><b>Essex, MD 21221</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7609</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>\$0.00</b>   |
| 3.748  | <b>Nonpriority creditor's name and mailing address</b><br><b>TSA Choice</b><br><b>108 Asheville Commerce Pkwy</b><br><b>Candler, NC 28715</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>Services Provided</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | <b>\$333.47</b> |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known)  |
|--|---|---|
| Name   |   |   |
| 3.749  | <b>Nonpriority creditor's name and mailing address</b><br><b>Dennis D. Tucholski</b><br><b>Taylor Moore Law, LLC</b><br><b>Taylor Charles Moore</b><br><b>431 S. Jefferson, Suite 116B</b><br><b>Springfield, MO 65806</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7610</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Annual Fixed)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| 3.750  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michael Tucker</b><br><b>64 Larned Road</b><br><b>Pennellville, NY 13132</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7611</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit 1117 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.751  | <b>Nonpriority creditor's name and mailing address</b><br><b>Clifton Turner</b><br><b>2641 Vienna Dozier Rd</b><br><b>Pfafftown, NC 27040</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7612</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.752  | <b>Nonpriority creditor's name and mailing address</b><br><b>Earnest Turner</b><br><b>3924 Grape Avenue</b><br><b>Augusta, GA 30909</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7613</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 908 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.753  | <b>Nonpriority creditor's name and mailing address</b><br><b>Darrien S. Tutt</b><br><b>323 W Champlost St</b><br><b>Philadelphia, PA 19120</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7614</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 908 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.754  | <b>Nonpriority creditor's name and mailing address</b><br><b>Mary Tutterow</b><br><b>1251 Bethune Way</b><br><b>The Villages, FL 32162</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7615</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 908 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.755  | <b>Nonpriority creditor's name and mailing address</b><br><b>April Tyler</b><br><b>1505 Joy Anne Ct</b><br><b>Mount Holly, NC 28120</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7616</u>                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1119 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.756  | <b>Nonpriority creditor's name and mailing address</b><br><b>Jerry Uadiski</b><br><b>5699 Route 259 Hwy</b><br><b>Homer City, PA 15748</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7617</u>                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.757  | <b>Nonpriority creditor's name and mailing address</b><br><b>Rex Uhl</b><br><b>4221 Henderson Rd</b><br><b>Greensboro, NC 27410</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7618</u>                        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 907 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.758  | <b>Nonpriority creditor's name and mailing address</b><br><b>Sandra Utria</b><br><b>131 Kensington Ave, Apt B6</b><br><b>Jersey City, NJ 07304</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7620</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 910 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.759  | <b>Nonpriority creditor's name and mailing address</b><br><b>Vacation Weeks, LLC a/k/a Blue Water</b><br><b>One Vance Gap Road</b><br><b>Asheville, NC 28805</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$67,979.85</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>Payroll Reimbursement</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.760  | <b>Nonpriority creditor's name and mailing address</b><br><b>Rejimon Varghese</b><br><b>3651 Cherry Hill Dr</b><br><b>Greensboro, NC 27410</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7623</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 906 (Annual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 920 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
|--|--|--|
| Name _____   |  |  |
| 3.761  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ruben Vasquez</b><br><b>127B S Rosewell Ave</b><br><b>South Amboy, NJ 08879</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7624</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.762  | <b>Nonpriority creditor's name and mailing address</b><br><b>Robert Vaughan</b><br><b>2341 Fishing Creek Rd</b><br><b>North Wilkesboro, NC 28659</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7625</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.763  | <b>Nonpriority creditor's name and mailing address</b><br><b>Karen Vaught</b><br><b>3409 Buckwood Trl</b><br><b>Salem, VA 24153</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7627</u>                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 914 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.764  | <b>Nonpriority creditor's name and mailing address</b><br><b>Arturo Vazquez</b><br><b>1712 S Alston Ave</b><br><b>Durham, NC 27707</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7628</u>               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.765  | <b>Nonpriority creditor's name and mailing address</b><br><b>Nancy Vazquez</b><br><b>59 Wilson St</b><br><b>New Haven, CT 06519</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7629</u>                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biennial Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.766  | <b>Nonpriority creditor's name and mailing address</b><br><b>Mark Venable</b><br><b>102 Parkway Dr</b><br><b>Easley, SC 29640</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7630</u>                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 920 (Biannual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit 921 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known)  |
|--|---|---|
| Name   |   |   |
| 3.767  | <b>Nonpriority creditor's name and mailing address</b><br><b>Anna Viers</b><br><b>238 Westwood Dr</b><br><b>Columbia, KY 42728</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7631</u>                                       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 1101 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.768  | <b>Nonpriority creditor's name and mailing address</b><br><b>Robert Vittitoe</b><br><b>17101 Mallett Dr</b><br><b>Louisville, KY 40245</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7632</u>                               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 917 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.769  | <b>Nonpriority creditor's name and mailing address</b><br><b>Charles Wagner</b><br><b>42 Moyer Avenue</b><br><b>Charleroi, PA 15022</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7633</u>                                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit: 915 (Annual Float)</b><br><b>Unit Type: STU; Unit 912 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes     |
| 3.770  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Wagner, Jr.</b><br><b>5360 Altenwald Rd</b><br><b>Waynesboro, PA 17268</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7634</u>                            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 901 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.771  | <b>Nonpriority creditor's name and mailing address</b><br><b>Albert Walker</b><br><b>c/o Beverly Mayes</b><br><b>5964 Stanleyville Dr</b><br><b>Rural Hall, NC 27045</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>7635</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 1114 (Annual Float)</b><br><b>Unit Type: 1 BD; Unit: 1115 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known)  |
|--|---|---|
| Name   |   |   |
| <b>3.772</b>   | <b>Nonpriority creditor's name and mailing address</b><br><b>Kenneth Walker</b><br><b>6508 Century Ln</b><br><b>Burton, MI 48509-2380</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7637</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| <b>3.773</b>   | <b>Nonpriority creditor's name and mailing address</b><br><b>Maurice Walker, Sr.</b><br><b>468 Julia Dr</b><br><b>Romeoville, IL 60446</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7638</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 904 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |
| <b>3.774</b>   | <b>Nonpriority creditor's name and mailing address</b><br><b>Sherman Wallace, Jr.</b><br><b>420 Folkstone Rd</b><br><b>Columbia, SC 29223</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7639</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| <b>3.775</b>   | <b>Nonpriority creditor's name and mailing address</b><br><b>Nakesha Walton</b><br><b>709 Kings Crest Dr</b><br><b>Stafford, VA 22554</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7641</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 906 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| <b>3.776</b>   | <b>Nonpriority creditor's name and mailing address</b><br><b>Robert Walton</b><br><b>514 Rocky Creek Rd</b><br><b>Johnston, SC 29832</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7642</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| <b>3.777</b>   | <b>Nonpriority creditor's name and mailing address</b><br><b>Paul Wassell</b><br><b>4021 Westernport Rd</b><br><b>Westernport, MD 21562</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7644</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 920 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    |



| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known)   |
|--|---|--|
| Name   |   |  |
| 3.778  | <b>Nonpriority creditor's name and mailing address</b><br><b>Dallas Waters</b><br><b>1112 Williams Ln</b><br><b>Elberton, GA 30635</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7645</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.779  | <b>Nonpriority creditor's name and mailing address</b><br><b>Kenneth Watson</b><br><b>3915 Northrop Drive</b><br><b>Haw River, NC 27258</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7649</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BR; Unit: 1115 (Biannual Float)</u><br><b>Unit Type:</b> <u>STU; Unit: 1114 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.780  | <b>Nonpriority creditor's name and mailing address</b><br><b>Warrell Watson</b><br><b>10312 Millarden Rd</b><br><b>Woodbury, GA 30293</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>0492</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.781  | <b>Nonpriority creditor's name and mailing address</b><br><b>Robyn Weatherford</b><br><b>810 Simpson Ln</b><br><b>Hartsville, SC 29550</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7651</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit: 920 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.782  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Welborn</b><br><b>PO Box 284</b><br><b>Glen Alpine, NC 28628</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7652</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 919 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.783  | <b>Nonpriority creditor's name and mailing address</b><br><b>Zereda M. Wells</b><br><b>8400 Reed Rd</b><br><b>Stony Creek, VA 23882</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7653</u>     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 917 (Annual Points)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____   |
|--|---|--|
| Name _____   |   |  |
| 3.784  | <b>Nonpriority creditor's name and mailing address</b><br><b>Robert Wert, Jr.</b><br><b>2829 Meade Dr</b><br><b>Grand Prairie, TX 75052</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7654</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 920 (Annual Float)</b><br><b>Unit Type: 1 BD; Unit: 921 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.785  | <b>Nonpriority creditor's name and mailing address</b><br><b>Cameron Wesley, Sr.</b><br><b>116 Melstone Dr</b><br><b>Hopkins, SC 29061</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7655</u>    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 906 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.786  | <b>Nonpriority creditor's name and mailing address</b><br><b>Tyronza Wesley</b><br><b>2 Culupa Ct</b><br><b>Blythewood, SC 29016</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7656</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 908 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.787  | <b>Nonpriority creditor's name and mailing address</b><br><b>Chet West</b><br><b>3209 Gresham Lake Rd</b><br><b>Raleigh, NC 27615</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7657</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 902 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.788  | <b>Nonpriority creditor's name and mailing address</b><br><b>Charles Wetmore, II</b><br><b>232 University Pkwy</b><br><b>Okatie, SC 29909</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>4209</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 917 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.789  | <b>Nonpriority creditor's name and mailing address</b><br><b>Thomas Whalen</b><br><b>45 Davis St</b><br><b>Meriden, CT 06450</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7658</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 1115 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known)  |
|--|--|---|
| Name   |  |   |
| 3.790  | <b>Nonpriority creditor's name and mailing address</b><br><b>Rodney White</b><br><b>1314 Shirebourn</b><br><b>Hickory, NC 28602</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7659</u>          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.791  | <b>Nonpriority creditor's name and mailing address</b><br><b>Wayne White</b><br><b>10 Twin Springs Dr</b><br><b>Fredericksburg, VA 22407</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7660</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 902 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.792  | <b>Nonpriority creditor's name and mailing address</b><br><b>Hugh Whitley</b><br><b>219 Franklin St</b><br><b>Albemarle, NC 28001</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7661</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.793  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Whitworth</b><br><b>1140 Longbranch Rd</b><br><b>Grover, NC 28073</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7663</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1119 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.794  | <b>Nonpriority creditor's name and mailing address</b><br><b>Robert Wiggins</b><br><b>90 Conklin Avenue</b><br><b>Binghamton, NY 13903</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7665</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1-BD; Unit: 916 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.795  | <b>Nonpriority creditor's name and mailing address</b><br><b>Christopher Wilcken</b><br><b>23 Oriole Path</b><br><b>Liverpool, NY 13090</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7667</u>  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____   |
|--|--|--|
| Name _____   |  |  |
| 3.796  | <b>Nonpriority creditor's name and mailing address</b><br><b>Arnold Wilkerson</b><br><b>793 Lester Rd</b><br><b>Chatham, VA 24531</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7669</u>                            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 919 (Annual Float)</u><br><b>Unit Type:</b> <u>STU; Unit 914 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.797  | <b>Nonpriority creditor's name and mailing address</b><br><b>Robert Wilks, Sr.</b><br><b>6014 Surrey Square Ln, Apt. T3</b><br><b>District Heights, MD 20747</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7670</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 920 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.798  | <b>Nonpriority creditor's name and mailing address</b><br><b>Westley Williams, Jr.</b><br><b>1300 Ridgeway Rd</b><br><b>Lugoff, SC 29078</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7673</u>                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.799  | <b>Nonpriority creditor's name and mailing address</b><br><b>Keith Williams</b><br><b>8114 Solace Ct</b><br><b>Charlotte, NC 28269</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7674</u>                           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 901 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.800  | <b>Nonpriority creditor's name and mailing address</b><br><b>Leatha Williams</b><br><b>366 Ridenour Ln</b><br><b>Jacksboro, TN 37757</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7675</u>                         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit: 916 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.801  | <b>Nonpriority creditor's name and mailing address</b><br><b>Lisa L. Williams</b><br><b>7209 Stuart Dr</b><br><b>Raleigh, NC 27615</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7676</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 903 (Biannual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit: 918 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.802  | <b>Nonpriority creditor's name and mailing address</b><br><b>Mark Williams</b><br><b>2930 NE Gilmer Avenue</b><br><b>Winston Salem, NC 27105</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7677</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1BD; Unit 921 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.803  | <b>Nonpriority creditor's name and mailing address</b><br><b>Reamus Williams</b><br><b>177 Hitchcock Rd</b><br><b>Aiken, SC 29803</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7678</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 902 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.804  | <b>Nonpriority creditor's name and mailing address</b><br><b>Douglas L. Williamson</b><br><b>PO Box 1253</b><br><b>Hartsville, SC 29551</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7680</u>      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.805  | <b>Nonpriority creditor's name and mailing address</b><br><b>John Williford</b><br><b>386 Yesebehena Cir</b><br><b>Rock Hill, SC 29730</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7681</u>       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 905 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.806  | <b>Nonpriority creditor's name and mailing address</b><br><b>Betty Wilson</b><br><b>346 Clark Ct</b><br><b>Dillon, SC 29536</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7682</u>                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 1101 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |   | Case number (if known) _____  |
|--|---|---|
| Name _____   |   |   |
| 3.807  | <b>Nonpriority creditor's name and mailing address</b><br><b>Gerry Wilson</b><br><b>1873 Bethel New Hope Rd</b><br><b>Bethel, OH 45106</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7684</u>              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 1115 (Biannual Float)</b><br><b>Unit Type: STU; Unit: 1114 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.808  | <b>Nonpriority creditor's name and mailing address</b><br><b>James Wilson</b><br><b>2675 Maidenhair Ln</b><br><b>Sumter, SC 29153</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7685</u>                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 903 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.809  | <b>Nonpriority creditor's name and mailing address</b><br><b>Layden Wilson</b><br><b>106 Oak St</b><br><b>Spring Church, PA 15686</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7686</u>                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 1114 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.810  | <b>Nonpriority creditor's name and mailing address</b><br><b>Charles Witherspoon, Jr.</b><br><b>135 W Morehead Street</b><br><b>Charlotte, NC 28202</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7687</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 901 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.811  | <b>Nonpriority creditor's name and mailing address</b><br><b>Withumsmith+Brown, PC</b><br><b>PO Box 5340</b><br><b>Princeton, NJ 08543</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.812  | <b>Nonpriority creditor's name and mailing address</b><br><b>Michael Wolf</b><br><b>12925 Hwy 902 NC</b><br><b>Bear Creek, NC 27207</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7688</u>                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 915 (Biannual Float)</b><br><b>Unit Type: STU; Unit: 914 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.813  | <b>Nonpriority creditor's name and mailing address</b><br><b>William Wolf</b><br><b>4165 Saddlehorn Dr</b><br><b>Evans, GA 30809</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7689</u>           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1BD; Unit: 916 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.814  | <b>Nonpriority creditor's name and mailing address</b><br><b>Madeline Wood</b><br><b>400 Avinger Lane, #905</b><br><b>Davidson, NC 28036</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7691</u>   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 915 (Annual Points)</b><br><b>Unit Type: STU; Unit: 914 (Annual Points)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.815  | <b>Nonpriority creditor's name and mailing address</b><br><b>Virginia Woodcock</b><br><b>13588 Greenwood Rd</b><br><b>Glen Allen, VA 23059</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7693</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit: 921 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.816  | <b>Nonpriority creditor's name and mailing address</b><br><b>Robert Woods</b><br><b>11 Arnold Rd SE</b><br><b>Statham, GA 30666</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7692</u>            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 905 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.817  | <b>Nonpriority creditor's name and mailing address</b><br><b>Ronald Worsham</b><br><b>401 E Main St</b><br><b>Mount Orab, OH 45154</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7694</u>         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: 1 BD; Unit 1101 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.818  | <b>Nonpriority creditor's name and mailing address</b><br><b>Angele Wright</b><br><b>2629 Lake Capri Dr</b><br><b>Conyers, GA 30012</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7695</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type: STU; Unit: 902 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |

| Debtor <b>Sand Castle South Timeshare Owners Association, Inc.</b> |  | Case number (if known) _____  |
|--|--|---|
| Name _____   |  |   |
| 3.819  | <b>Nonpriority creditor's name and mailing address</b><br><b>Dennis Wright</b><br><b>10849 W Oak Hill Rd</b><br><b>Birdseye, IN 47513</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7696</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit: 1103 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.820  | <b>Nonpriority creditor's name and mailing address</b><br><b>Joseph Wright, Sr.</b><br><b>4512 Biesterfield Dr</b><br><b>Charlotte, NC 28216</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7697</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 904 (Annual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.821  | <b>Nonpriority creditor's name and mailing address</b><br><b>Gary Wynn</b><br><b>3846 Belair Rd</b><br><b>Augusta, GA 30909</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7698</u>                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1114 (Biannual Float)</u><br><b>Unit Type:</b> <u>1 BD; Unit 1115 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.822  | <b>Nonpriority creditor's name and mailing address</b><br><b>Henry Yeldell</b><br><b>268 Plum Branch Rd</b><br><b>Edgefield, SC 29824</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7699</u>        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>1 BD; Unit 918 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.823  | <b>Nonpriority creditor's name and mailing address</b><br><b>Douglas Young</b><br><b>987 Hiles Rd</b><br><b>Lucasville, OH 45648</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7701</u>             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>NOTICE PURPOSES ONLY</u><br><b>Unit Type:</b> <u>STU; Unit 1103 (Biannual Float)</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |



|        |  |                              |
|--------|--|------------------------------|
| Debtor | <b>Sand Castle South Timeshare Owners Association, Inc.</b><br><small>Name</small> | Case number (if known) _____ |
|--------|--|------------------------------|

|       |  |   |
|-------|--|---|
| 3.824 | Nonpriority creditor's name and mailing address<br><b>Doye Young</b><br><b>122 Country Ln</b><br><b>Easley, SC 29642</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7702</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><b>Unit Type: 1BD; Unit 1115 (Annual Float)</b><br><b>Unit Type: STU; Unit 1114 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-------|--|---|

|       |   |   |
|-------|---|---|
| 3.825 | Nonpriority creditor's name and mailing address<br><b>Jennifer Young</b><br><b>PO Box 169</b><br><b>Downs, IL 61736</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7703</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><b>Unit Type: 1BD; Unit: 1121 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-------|---|---|

|       |  |  |
|-------|--|--|
| 3.826 | Nonpriority creditor's name and mailing address<br><b>John Zimmerman</b><br><b>68 Sandra Dr</b><br><b>Newport News, VA 23608</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7706</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><b>Unit Type: STU; Unit: 1114 (Biannual Float)</b><br><b>Unit Type: 1 BD; Unit: 1115 (Biannual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-------|--|--|

|       |  |  |
|-------|--|--|
| 3.827 | Nonpriority creditor's name and mailing address<br><b>Edward Zywczo</b><br><b>13 Brant Ave</b><br><b>St Thomas ON N5R1Z4</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>7707</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <b>NOTICE PURPOSES ONLY</b><br><b>Unit Type: 1 BD; Unit 919 (Annual Float)</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-------|--|--|

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

|                          |  |   |
|--------------------------|--|---|
| Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|--------------------------|--|---|

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1  
 5b. Total claims from Part 2

|     |                               |                   |
|-----|-------------------------------|-------------------|
|     | <b>Total of claim amounts</b> |                   |
| 5a. | \$                            | <b>42,585.81</b>  |
| 5b. | +                             | <b>783,925.24</b> |

5c. Total of Parts 1 and 2  
 Lines 5a + 5b = 5c.

|     |    |                   |
|-----|----|-------------------|
| 5c. | \$ | <b>826,511.05</b> |
|-----|----|-------------------|

**Fill in this information to identify the case:**

Debtor name **Sand Castle South Timeshare Owners Association, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

*Property*

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest **Maintenance for the timeshare units.**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**CRM of the Carolinas, LLC  
3660 Old Kings Hwy  
Murrells Inlet, SC 29576**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Management Company**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**LaTour Hotels and Resorts, Inc.  
One Vance Gap Road  
Asheville, NC 28805**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Timeshare exchange**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Resort Travel and Xchange, Inc.  
One Vance Gap Road  
Asheville, NC 28805**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Collection and loan services**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Zealandia Capital, Inc  
One Vance Gap Road  
Asheville, NC 28805**

**Fill in this information to identify the case:**

Debtor name **Sand Castle South Timeshare Owners Association, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206H**

**Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor*

*Column 2: Creditor*

| Name | Mailing Address                          | Name | Check all schedules that apply:  |
|------|--|------|--|
| 2.1  | <p>Street</p> <p>City State Zip Code</p> |      | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |
| 2.2  | <p>Street</p> <p>City State Zip Code</p> |      | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |
| 2.3  | <p>Street</p> <p>City State Zip Code</p> |      | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |
| 2.4  | <p>Street</p> <p>City State Zip Code</p> |      | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |

**Fill in this information to identify the case:**

Debtor name Sand Castle South Timeshare Owners Association, Inc.

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**From the beginning of the fiscal year to filing date:**  
From 1/01/2019 to **Filing Date**

**Sources of revenue**  
Check all that apply

☒ Operating a business  
☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

\$117,614.22

**For prior year:**  
From 1/01/2018 to 12/31/2018

☒ Operating a business  
☐ Other \_\_\_\_\_

\$1,037,000.74

**For year before that:**  
From 1/01/2017 to 12/31/2017

☒ Operating a business  
☐ Other \_\_\_\_\_

\$939,758.62

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

Debtor **Sand Castle South Timeshare Owners Association, Inc.**

Case number (if known) \_\_\_\_\_

| Creditor's Name and Address  | Dates | Total amount of value | Reasons for payment or transfer<br><i>Check all that apply</i>  |
|--|-------|-----------------------|---|
| 3.1. <b>Cherokee Motels, Inc.</b><br><b>PO Box 1362</b><br><b>Myrtle Beach, SC 29578</b>   |       | <b>\$40,000.00</b>    | <input type="checkbox"/> Secured debt<br><input checked="" type="checkbox"/> Unsecured loan repayments<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Services<br><input type="checkbox"/> Other ____ |
| 3.2. <b>The Debtor made payments to other creditors within the 90 days before filing; however, the aggregate to each of these creditors was less than \$6,825.</b> |       | <b>Unknown</b>        | <input type="checkbox"/> Secured debt<br><input type="checkbox"/> Unsecured loan repayments<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Services<br><input type="checkbox"/> Other ____            |

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

| Insider's name and address<br>Relationship to debtor | Dates | Total amount of value | Reasons for payment or transfer |
|--|-------|-----------------------|---------------------------------|
|--|-------|-----------------------|---------------------------------|

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

| Creditor's name and address | Describe of the Property | Date | Value of property |
|-----------------------------|--------------------------|------|-------------------|
|-----------------------------|--------------------------|------|-------------------|

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|-----------------------------|---|-----------------------|--------|
|-----------------------------|---|-----------------------|--------|

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

| Case title<br>Case number | Nature of case | Court or agency's name and address | Status of case |
|---------------------------|----------------|------------------------------------|----------------|
|---------------------------|----------------|------------------------------------|----------------|

Debtor **Sand Castle South Timeshare Owners Association, Inc.**

Case number (if known)

|      | Case title<br>Case number   | Nature of case   | Court or agency's name and address | Status of case   |
|------|---|--|------------------------------------|--|
| 7.1. | <b>Michael Gerber vs. Sand Castle Southbeach, LLC, Sand Castle South Beach Rental Management Company, LLC, Sand Castle South Condo, LLC, Sand Castle South Homeowners' Association, Inc., and Sand Castle South Timeshare Owners Association, Inc.<br/>2018-CP-26-02536</b> | <b>The Debtor has been dismissed from this action.</b> | <b>Horry County Circuit Court</b>  | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|------------------------------|---|-------------|-------|
|------------------------------|---|-------------|-------|

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss  | Dates of loss | Value of property lost |
|--|---|---------------|------------------------|
|  | <p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).</p> |               |                        |

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **Sand Castle South Timeshare Owners Association, Inc.**

Case number (if known) \_\_\_\_\_

|       | Who was paid or who received the transfer?<br>Address   | If not money, describe any property transferred               | Dates          | Total amount or value |
|-------|---|---|----------------|-----------------------|
| 11.1. | <b>Nexsen Pruet, LLC</b><br>1230 Main Street, Suite 700<br>(29201)<br>PO Box 2426<br>Columbia, SC 29202 | Retainer for bankruptcy consultation, preparation and filing. | March 18, 2019 | \$75,000.00           |
|       | Email or website address<br><b>rmendoza@nexsenpruet.com</b>   |   |                |                       |
|       | Who made the payment, if not debtor?  |   |                |                       |

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
|-------------------------|-----------------------------------|---------------------------|-----------------------|

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

| Who received transfer?<br>Address | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|-----------------------------------|--|------------------------|-----------------------|
|-----------------------------------|--|------------------------|-----------------------|

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

| Address | Dates of occupancy<br>From-To |
|---------|-------------------------------|
|---------|-------------------------------|

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

| Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
|---------------------------|--|---|
|---------------------------|--|---|

**Part 9: Personally Identifiable Information**

Debtor **Sand Castle South Timeshare Owners Association, Inc.**

Case number (if known) \_\_\_\_\_

**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

**Name and contact information**

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

| Financial Institution name and Address | Last 4 digits of account number | Type of account or instrument  | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|--|--|---|
| 18.1. <b>Bank of America</b>           | <b>XXXX-4356</b>                | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Money Market<br><input type="checkbox"/> Brokerage<br><input type="checkbox"/> Other__ |  | <b>\$0.00</b>                           |

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

| Depository institution name and address | Names of anyone with access to it Address | Description of the contents | Do you still have it? |
|---|---|-----------------------------|-----------------------|
|---|---|-----------------------------|-----------------------|

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

| Facility name and address | Names of anyone with access to it | Description of the contents | Do you still have it? |
|---------------------------|-----------------------------------|-----------------------------|-----------------------|
|---------------------------|-----------------------------------|-----------------------------|-----------------------|

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**



Debtor **Sand Castle South Timeshare Owners Association, Inc.**

Case number (if known) \_\_\_\_\_

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.  
☐ Yes. Provide details below.

| Case title<br>Case number | Court or agency name and<br>address | Nature of the case | Status of case |
|---------------------------|-------------------------------------|--------------------|----------------|
|---------------------------|-------------------------------------|--------------------|----------------|

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

| Site name and address | Governmental unit name and<br>address | Environmental law, if known | Date of notice |
|-----------------------|---------------------------------------|-----------------------------|----------------|
|-----------------------|---------------------------------------|-----------------------------|----------------|

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

| Site name and address | Governmental unit name and<br>address | Environmental law, if known | Date of notice |
|-----------------------|---------------------------------------|-----------------------------|----------------|
|-----------------------|---------------------------------------|-----------------------------|----------------|

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

| Business name address | Describe the nature of the business | Employer Identification number<br>Do not include Social Security number or ITIN.<br><br>Dates business existed |
|-----------------------|-------------------------------------|--|
|-----------------------|-------------------------------------|--|

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

| Name and address | Date of service<br>From-To |
|------------------|----------------------------|
|------------------|----------------------------|

Debtor **Sand Castle South Timeshare Owners Association, Inc.**

Case number (if known) \_\_\_\_\_

| Name and address |   | Date of service<br>From-To                  |
|------------------|---|---|
| 26a.1.           | <b>LaTour Hotels &amp; Resorts, Inc.<br/>One Vance Gap Road<br/>Asheville, NC 28805</b> | <b>From January 1,<br/>2018 to present.</b> |
| 26a.2.           | <b>Patton Hospitality Management<br/>One Vance Gap Road<br/>Asheville, NC 28805</b>     | <b>Prior to January 1,<br/>2018</b>         |

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

| Name and address |   | Date of service<br>From-To |
|------------------|---|----------------------------|
| 26b.1.           | <b>Withumsmith+Brown, PC<br/>200 South Orange Ave, Suite 1200<br/>Orlando, FL 32801</b> |                            |

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

| Name and address |   | If any books of account and records are<br>unavailable, explain why |
|------------------|---|---|
| 26c.1.           | <b>LaTour Hotels &amp; Resorts, Inc.<br/>One Vance Gap Road<br/>Asheville, NC 28805</b> |   |

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

## 27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

| Name of the person who supervised the taking of the inventory | Date of inventory | The dollar amount and basis (cost, market, or other basis) of each inventory |
|---|-------------------|--|
|---|-------------------|--|

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name                           | Address   | Position and nature of any interest      | % of interest, if any |
|--------------------------------|---|--|-----------------------|
| <b>Herbert H. Patrick, Jr.</b> | <b>One Vance Gap Road<br/>Asheville, NC 28805</b> | <b>President and Director</b>            |                       |
| Name                           | Address   | Position and nature of any interest      | % of interest, if any |
| <b>Kyle Smith</b>              | <b>One Vance Gap Road<br/>Asheville, NC 28805</b> | <b>Secretary, Treasurer and Director</b> |                       |

Debtor **Sand Castle South Timeshare Owners Association, Inc.**

Case number (if known) \_\_\_\_\_

| Name           | Address                                   | Position and nature of any interest | % of interest, if any |
|----------------|---|-------------------------------------|-----------------------|
| Mike Pawlowski | One Vance Gap Road<br>Asheville, NC 28805 | Vice President                      |                       |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No  
☒ Yes. Identify below.

| Name          | Address  | Position and nature of any interest | Period during which position or interest was held |
|---------------|--|-------------------------------------|---|
| Barney Barber | 3354 Reed Street, Apt. 101<br>Myrtle Beach, SC 29577 | Former President and Director       | Resigned as of August 7, 2018                     |

| Name          | Address                                   | Position and nature of any interest      | Period during which position or interest was held |
|---------------|---|--|---|
| Roger Bennett | One Vance Gap Road<br>Asheville, NC 28805 | Former Secretary, Treasurer and Director | Resigned as of August 7, 2018                     |

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|-------------------------------|--|-------|--------------------------------|
|-------------------------------|--|-------|--------------------------------|

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

| Name of the parent corporation | Employer Identification number of the parent corporation |
|--------------------------------|--|
|--------------------------------|--|

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

| Name of the pension fund | Employer Identification number of the parent corporation |
|--------------------------|--|
|--------------------------|--|

Debtor Sand Castle South Timeshare Owners Association, Inc.

Case number (if known) \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 22, 2019

/s/ Herbert H. Patrick, Jr.

Signature of individual signing on behalf of the debtor

Herbert H. Patrick, Jr.

Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

**United States Bankruptcy Court**  
**District of South Carolina**

In re Sand Castle South Timeshare Owners Association, Inc.

Debtor(s)

Case No.

Chapter

11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|   |    |   |
|---|----|---|
| For legal services, I have agreed to accept .....           | \$ | <b>To be billed hourly,<br/>and paid upon<br/>approval by the<br/>Court</b> |
| Prior to the filing of this statement I have received ..... | \$ | <b>75,000.00<sup>1</sup></b>  |
| Balance Due .....   | \$ | <b>To be billed hourly,<br/>and paid upon<br/>approval by the<br/>Court</b> |

2. \$ 1,717.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:  
☒ Debtor      ☐ Other (specify):
4. The source of compensation to be paid to me is:  
☒ Debtor      ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
  - e. [Other provisions as needed]

<sup>1</sup> Nexsen Pruet, LLC received a \$75,000.00 retainer from the Debtor on March 18, 2019. From this amount, Nexsen Pruet has been paid \$37,174.30 in compensation for its pre-petition services and for reimbursement of costs. In addition, the \$1,717.00 Chapter 11 filing fee has been deducted from the retainer. The remaining funds of \$36,108.70 will be held in escrow by Nexsen Pruet, pending approval of its fee application(s) by the Court.

In re **Sand Castle South Timeshare Owners Association, Inc.**

Case No. \_\_\_\_\_

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**  
(Continuation Sheet)

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**May 22, 2019**

*Date*

**/s/ Julio E. Mendoza, Jr.**

**Julio E. Mendoza, Jr. 3365**

*Signature of Attorney*

**Nexsen Pruet, LLC**

**1230 Main Street, Suite 700 (29201)**

**PO Box 2426**

**Columbia, SC 29202**

**803-540-2026 Fax: 803-727-1478**

**rmendoza@nexsenpruet.com**

*Name of law firm*

**United States Bankruptcy Court  
District of South Carolina**

In re **Sand Castle South Timeshare Owners Association, Inc.**

Debtor(s)

Case No.

Chapter **11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

| Name and last known address or place of business of holder | Security Class | Number of Securities | Kind of Interest |
|--|----------------|----------------------|------------------|
|--|----------------|----------------------|------------------|

**None**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **May 22, 2019**

Signature **/s/ Herbert H. Patrick, Jr.**  
**Herbert H. Patrick, Jr.**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

United States Bankruptcy Court  
District of South Carolina

In re Sand Castle South Timeshare Owners Association, Inc.

Debtor(s)

Case No.

Chapter

11

CERTIFICATION VERIFYING CREDITOR MATRIX

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

Master mailing list of creditors submitted via:

- (a) \_\_\_\_\_ computer diskette
- (b) \_\_\_\_\_ scannable hard copy  
(number of sheets submitted \_\_\_\_\_)
- (c)   X   electronic version filed via CM/ECF

Date: May 22, 2019

/s/ Herbert H. Patrick, Jr.

Herbert H. Patrick, Jr./President  
Signer/Title

Date: May 22, 2019

/s/ Julio E. Mendoza, Jr.

Signature of Attorney  
Julio E. Mendoza, Jr. 3365  
Nexsen Pruet, LLC  
1230 Main Street, Suite 700 (29201)  
PO Box 2426  
Columbia, SC 29202  
803-540-2026 Fax: 803-727-1478

Typed/Printed Name/Address/Telephone

3365 SC

District Court I.D. Number



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CHICAGO IL 60647

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KERSHAW SC 29067

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SAMUEL ADAMS  
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HOPE MILLS NC 28348

WILLIAM ADDISON  
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CARNESVILLE GA 30521

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LYONS NY 14489

DENORISE ALLEN  
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HIGH POINT NC 27265

PAMELA ALLEN  
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VASS NC 28327

VERNON ALLISON  
7700 BOYER FARM RD  
WALNUT COVE NC 27052

RONALD ALTHENN, II  
3905 HEARN DRIVE  
COLUMBIA SC 29223

MICHAEL AMMONS  
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DENVER NC 28037

HOWARD ANDERSON  
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UPTON KY 42784

JEFFREY ANDERSON  
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BURLINGTON NC 27217

SHAWNTAY ANTHONY  
911 BELTON STREET  
MONROE NC 28110

KALYAN ANUMULA  
1278 TURNBURY LANE  
NORTH WALES PA 19454

DIANE ARTIS  
31230 SMITHS FERRY ROAD  
FRANKLIN VA 23851

SAM ATKINS, JR.  
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MARTINSVILLE VA 24112

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LARRY ATKINSON  
3840 HEDGEWOOD DR  
SUMTER SC 29154

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TRINITY NC 27370

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CHAPLIN CT 06235

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116 COPES CT  
ROCK HILL SC 29732

GARY BERRY  
114 ZOE CIR  
JACKSBORO TN 37757

LEVENTE BERRY  
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BLACKLICK OH 43004

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BECKLEY WV 25801

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NEW BERLIN WI 53151

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CHATHAM VA 24531

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42 NANTUCKET DR  
RICHMOND HILL, ON, L4E 3V8, CANADA

JOHN CINDEA  
6314 EWE DR  
CLINTON OH 44216

BARBARA CLARK  
290 CLUBFOOT CREEK RD  
HAVELOCK NC 28532

DONNA CLARK  
7204 CLOVERFIELD CT  
WILMINGTON NC 28411

JOYCE CLARK  
3830 PINELEAF CIR  
MIDLAND NC 28107

LEONARD CLARK  
1008 DOUBLE BRIDGES DRIVE  
FANCY GAP VA 24328

WINSTON CLARKE  
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NELSON CLAYTON  
167 FLOSSIE LN  
LEXINGTON NC 27295

JAMES CLONTZ  
3003 CAMDEN ROAD  
MARSHVILLE NC 28103

CLUB RESORTS  
1093 STATE HIGHWAY 176  
WALNUT SHADE MO 65771

MICHAEL COATS  
100 NAVIGATOR LN  
LAURENS SC 29360

ADELBERT COBBIN  
244 LINCOLN ST  
RAVENNA OH 44266

ROBERT COFFEY  
9602 NORWICK LN  
FREDERICKSBURG VA 22408

DARA COHEN  
3621 KELLY WAY  
LOUISVILLE KY 40220

TIMOTHY COLBY  
7613 WHIRLAWAY DR  
MIDLOTHIAN VA 23112

SHAWN COLE  
2 HARVARD DRIVE  
GREENVILLE SC 29605

DAVID COLLINS, JR.  
129 QUINCY DR  
LANDRUM SC 29356

CHARLES COMPTON, JR.  
6501 WILTON RD  
CHESTERFIELD VA 23832

JOSHUA CONERLY  
1600 MANCHESTER DR SW  
CONYERS GA 30094

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612 CHINA GROVE HWY  
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SAMANTHA COOLEY  
1055 OLD PLANTATION RD  
WALNUT COVE NC 27052

ESTATE OF SANDRA COOMBES  
C/O CARL RYAN  
282 ROACH AVE  
WELLAND, ONTARIO L3C2W4

ALVIN COOPER  
426 GLACIER PLACE  
WINTERVILLE NC 28590

FRANCES COOPER  
3407 BLANCH RD  
BLANCH NC 27212

SANDRA COOPER  
552 HOME AVE NW  
CONCORD NC 28025

JAMES CORBIN  
1480 WO EZELL BLVD., APT L95  
SPARTANBURG SC 29301

JOHN CORTINA  
2 BAJALA DR E  
BEAUFORT SC 29907

DAVID COX  
12166 RAIN HOLLOW CT  
MARYLAND HEIGHTS MO 63043

STEPHEN COYLE  
12003 PRAIRIE MEADOW DR  
ORLANDO FL 32837

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CHARLOTTE NC 28212

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7303 ROURKE CV  
MEMPHIS TN 38125

SCOTT CRANE  
1620 WAGON WHEEL DR  
BLACKFOOT ID 83221

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MURRELLS INLET SC 29576

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FLEMING OH 45729

TOMESHA CROWDER  
2704 WALKUP AVE  
MONROE NC 28110

ROBERT CRUM  
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CANTON OH 44721

JENNIFER DAGENHART  
7821 PEBBLERIDGE DR  
CHARLOTTE NC 28212

GROVER DAMRON  
1932 PINEVIEW RD  
RANDLEMAN NC 27317

JAMES DANFORD, JR.  
3931 SPRING GARDEN LN  
ESTERO FL 33928

KAREN DANIEL  
308 FULLER DR #21  
EASLEY SC 29640

CHRISTOPHER DANIELS  
10 GLEN OAK RD  
FREDERICKSBURG VA 22405

FLOYD DANIELS  
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GOLDSBORO NC 27530

DJANI DARMANOVIC  
9406 DEER SPRING LANE  
CHARLOTTE NC 28210

PATRICK DAUGHERTY  
431 FAIRWAY DR  
ABINGDON VA 24266

JOHN DAVENPORT  
228 AURORA BLVD  
MATTHEWS NC 28105

ALMOND DAVIS  
292 TREVOR DRIVE  
WALTERBORO SC 29488

GEORGE DAVIS  
311 WYTHE RD  
EGG HARBOR TOWNSHIP NJ 08234

GRAHAM DAVIS, JR.  
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COLUMBIA SC 29209

RUDOLPH DAVIS  
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WINDSOR MILL MD 21244

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PARROTTSVILLE TN 37843-2207

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7348 VAN GRAYSON LOOP  
FAYETTEVILLE NC 28314

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113 PARSONS MILL LANE  
COLUMBIA SC 29229

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2823 RIDGEVIEW DR  
AUGUSTA GA 30909

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7534 DR. HECTOR P GARCIA DR  
CORPUS CHRISTI TX 78414

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917 PRESIDENTIAL DRIVE  
ORANGEBURG SC 29115

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DURHAM NC 27704

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MONESSEN PA 15062

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DURHAM NC 27704

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WINSTON SALEM NC 27106

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1626 WHITE RD  
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ENIGMA GA 31749

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UPPER MARLBORO MD 20772

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REX GA 30273

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154 VIA MOUNTAIN LN  
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231 SMITHFIELD CIR  
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MONIQUE GREGORY  
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SAINT STEPHEN SC 29479

STANLEY GRIFFIN  
1192 SLATE RD  
KING NC 27021

SUSAN GRIFFIN  
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ELLIJAY GA 30540

WILLIAM GRIFFITH  
2221 MENDOTA RD  
HILTONS VA 24258

JOHN GROCE, JR.  
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BLACK MOUNTAIN NC 28711

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PALM SPRINGS CA 92264

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16411 N 170TH LN  
SURPRISE AZ 85388

LEONARD GUNN, JR.  
929 S WOODSTONE LN  
NASHVILLE TN 37211

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7207 FLOWER TUFT CT  
SPRINGFIELD VA 22153

MELISSA LATORIA HAIRSTON  
226 PARKLAND DR  
DANVILLE VA 24540

TIMOTHY HAIRSTON  
145 VERNON LN  
AXTON VA 24054

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RR 1 BOX 150-5  
BLUEFIELD WV 24701

WANDA HALL  
PO BOX 824  
339 COUNTRY HAVEN DR  
RIDGEWAY VA 24148

KEVIN HAMMOND  
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LIVINGSTON LA 70754

MARION HAMMOND  
C/O NEALLY LAW  
122 PARK CENTRAL SQUARE  
SPRINGFIELD MO 65806

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SCRANTON SC 29591

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SUFFOLK VA 23434

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GRADY HARMON  
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100 CARNATION DR  
ANDREWS SC 29510

ERNEST HARRIS  
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72 HILENDALE STREET  
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LARRY HATLEY  
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ALBEMARLE NC 28001

FRANK HAWKINS  
248 WALCOTT DRIVE  
LYMAN SC 29365

ELIZABETH HAWKS  
166 JILL FARM RD  
MOUNT AIRY NC 27030

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118 HARVEST HILL TRAIL  
LEXINGTON SC 29072

LANCE HEASLEY  
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NEW MARTINSVILLE WV 26155

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1911 CANAL DR NW  
WILSON NC 27896

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38105 SPRINGWOOD AVE  
PRAIRIEVILLE LA 70769

TERRY HELMS  
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CONNELLYS SPRINGS NC 28612

GREGORY HENDERSON  
3505 COLEMAN DR, APT. 10  
KINSTON NC 28504

JARED HENDRICK  
159 MERIDIAN LN  
HILLSVILLE VA 24343

CHARLES HENKEY  
224 APOLLO DR  
SENECA SC 29672

BERTRAM HENRY  
14212 PEAR TREE LANE  
APT 41  
SILVER SPRING MD 20906

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CHERAW SC 29520

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YADKINVILLE NC 27055

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LELAND NC 28451

FALLON HILL  
10 BRITTLE CREEK LN  
SIMPSONVILLE SC 29544

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EAST BEND NC 27018

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AIKEN SC 29803

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185 JONES POND RD  
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CONWAY SC 29526

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KINGSTREE SC 29556

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JOHN JOHNSON  
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WILLIAM JOHNSON  
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FAYETTEVILLE GA 30215

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**United States Bankruptcy Court  
District of South Carolina**

In re **Sand Castle South Timeshare Owners Association, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Sand Castle South Timeshare Owners Association, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**May 22, 2019**

Date

**/s/ Julio E. Mendoza, Jr.**

**Julio E. Mendoza, Jr. 3365**

Signature of Attorney or Litigant

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